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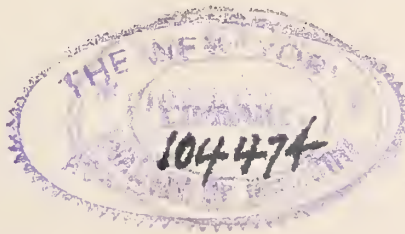
# THE BULLETIN

OF THE

## Medical and Chirurgical Faculty of Maryland

Vol. VIII

July 1915—June 1916



BALTIMORE

1916



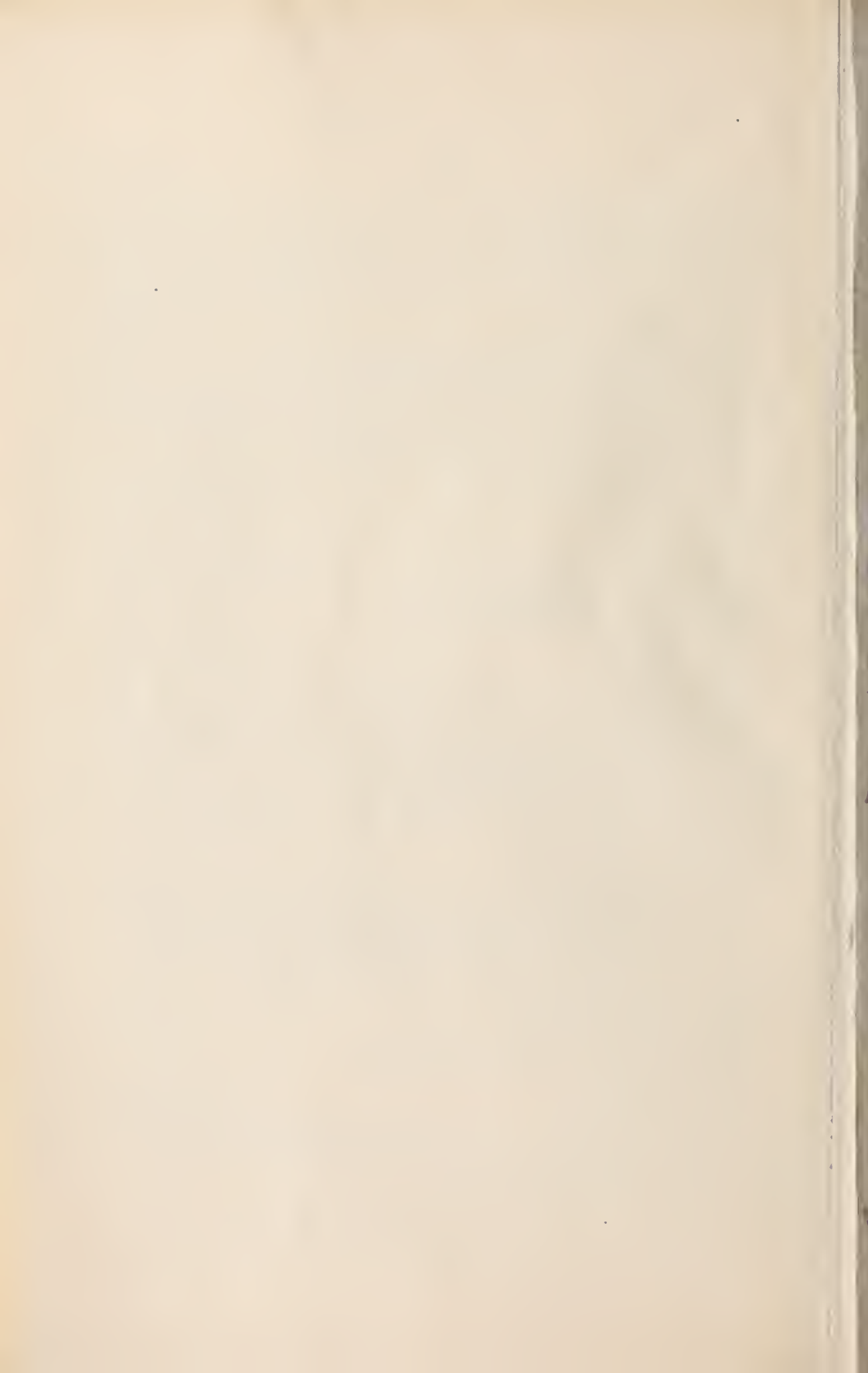
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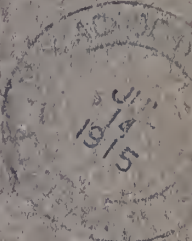
# THE BULLETIN

OF THE

## Medical *and* Chirurgical Faculty of Maryland



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Vol. VIII

JULY, 1915

No. 1

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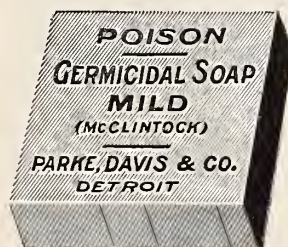
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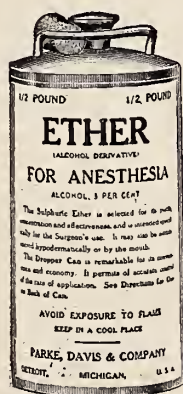
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NOTE: The Publication Committee desires to receive suggestions from members of the Faculty that will in any way improve the Bulletin.

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VOL. VIII

BALTIMORE, JULY, 1915

No. 1

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### TRAINED NURSES IN THEIR RELATION TO THE ATTENDING PHYSICIAN, THE PATIENT AND THE PATIENT'S FAMILY

When patients decide to remain at home and place themselves, during an illness, under the care of the family physician and a trained nurse, much of the responsibility for the ultimate results is shouldered by the doctor. It is to his interest to so arrange the affairs in his impromptu hospital that the highest degree of efficiency with the minimum degree of friction is maintained. His duty does not end with advice concerning the selection of the nurse—he must see that she is placed in proper position to render him and his patient valuable service.

Feeling that we are not fully informed concerning the customs and rules governing the nurses whom we employ in private homes and thinking that further information upon the subject would be helpful to many of us, we wrote on May 21, 1915, to seven registries of nurses a letter as follows:

DEAR MADAM: We have had a number of inquiries and some complaints, from time to time, concerning trained nurses, and feel that they probably were in every case the direct result of misunderstanding.

We believe that from lack of knowledge of the true situation, we as physicians, are often inconsiderate of our nurses and through our ignorance of certain accepted customs, and thoughtlessness and preoccupation on our part we fail to secure that degree of coöperation between patient, nurse, physician and anxious members of the family, which is so important and so intimately concerned in the ultimate results.

We feel that we could make the work of nurses much easier if we were fully informed of certain customs and then tried to remember to see that our patients and nurses understood their mutual relations so that neither would impose upon the other.

Every rule in medicine must have its exception, but rules must exist and be followed whenever practicable.

We would like to have you write us particularly concerning the hours on and off duty when nursing in private homes and when one nurse alone is employed and whether there are special rules applying to obstetrical, fever, or other types of cases. When and during how many hours in the day is the family to be prepared to relieve the nurse while she gets her much needed rest and exercise?

Please also tell us anything else which you think we should know, and which will make for efficiency and justice in the relation between patient, nurse, and doctor.

We are writing a similar letter to the following:

Church Home Nurses Directory.

Central Directory of Registered Nurses.

Johns Hopkins Nurses Club.

Mercy Hospital Directory.

St. Agnes' Hospital Directory.

St. Joseph's Hospital Directory.

Union Protestant Nurses Directory.

University of Maryland Nurses Directory.

It is our desire to publish this letter in our monthly BULLETIN, and the various replies which we receive in connection with it, and hope that, through better knowledge of the situation, we may see that our patients and nurses do not impose upon each other and that the highest standard of efficiency may be maintained.

Very truly yours,

W. E. MAGRUDER, *Managing Editor.*

Two replies were received from Superintendents, and this letter from Miss Martin, President of the Central Directory of Registered Nurses:

BALTIMORE, June 19, 1915.

DR. W. EDWARD MAGRUDER,

*Managing Editor of the Bulletin of the Medical  
and Chirurgical Faculty of Maryland.*

DEAR SIR: At a recent meeting of the Central Directory of Registered Nurses I was requested to answer your letter of May 21, 1915, and I beg to say that the matter of ethics in regard to private nurses is a matter of a great deal of importance, not only as it has to do with the profession itself, but as it has to do in its relation to the medical profession, and therefore the subject is a very timely one.

As I interpret your letter you desire that a standard in regard to nurses on private duty be fixed in regard to certain rules of conduct and that standard be published so that it would be available not only to the nurses themselves, but to the physicians and patients.

The matter involved is of such moment that the Board decided to refer the matter to the Executive Committee of the Maryland State Association of Graduate Nurses, and recommend that a committee be appointed which should include the Registrars of the different directories, and private nurses who are best equipped to handle the subject, for the purpose of setting a standard for the state, and I shall take pleasure

in referring your letter to the said Association, together with the recommendations of the Board at my earliest opportunity.

The Board hopes by this means that instead of the numerous directories having numerous rules and regulations, which are now so confusing to all parties concerned, they will be able to adopt a fixed standard of ethics "which I am sure will make for efficiency and justice in the relation between patient, nurse and doctor."

Thanking you for calling to our attention a matter which every nurse realizes is important, I am,

Very respectfully,

(Signed) SARAH F. MARTIN, R.N., *President*.

Central Directory of Registered Nurses, Inc.,  
1211 Cathedral Street, Baltimore, Md.

If there are any additional inquiries which any members feel should be made of the several registrars while this subject is under consideration the Editor would be glad to be advised of them promptly.

### POLLINOSIS (HAY FEVER)—A CONSIDERATION OF ITS TREATMENT BY ACTIVE IMMUNIZATION.

BY DR. SEYMOUR OPPENHEIMER AND DR. MARK J. GOTTLIEB OF NEW  
YORK CITY.

*Definition.* Hay fever or pollinosis is a disease which manifests itself in the spring, from the latter part of May or the early part of June, until the middle or end of July; and in the autumn from the middle of August to the end of September or early October. It is characterized by itching of the eyes and lachrymation, itching of the palate and face, sneezing, serous discharge from the nose, obstructed breathing and if the attack is very severe, sooner or later coughing, difficult breathing accompanied by wheezing.

It is caused by the action of pollen grains from flowering plants. The pollen is carried by air currents and inspired with the air we breathe; if the recipient is susceptible to the particular pollen, an attack of pollinosis promptly ensues.

*Historical Sketch.* In 1673 Benningerus described the condition now designated as "hay fever." He gave the history of a patient who had paroxysmal attacks of sneezing for several weeks during the time the roses bloomed each year. Heberden, an English physician, about one century later made a reference to the same condition. In 1819 John Bostock gave a most comprehensive description of the disease. He himself suffered with "hay fever." His description was so complete that nothing more can be added to it. From him the name of Bostockschen catarrh was derived.

*Etiology.* Many theories have been advanced as to the cause of hay fever, and a great number of speculations far afield of the true etiology

have been entertained. Numerous physicians, even at the present time, consider that this disease is a neurosis. In 1902 Rudolph published a paper in which he stated that pollinosis should be classed with the degenerative psychoses of which he described two varieties, the hysteroid and the epileptoid forms. When bacteria were found to be the causative factors of various diseases, certain microorganisms were then suggested as operative in pollinosis: prominent among these were various vibrios, and today vaccines of mixed bacteria are put forth commercially as a cure for this condition.

Elliotson suspected that pollen was the etiological factor in "hay fever," and in 1873, Blackley, as the result of various experiments with pollen, concluded that these small grains which were carried in the air during the flowering season of plants, were the undoubted causative factor. But it was left to Dunbar and his co-workers to settle the question definitely. They examined the pollen of thirty varieties of Gramineae and Cyperaceae and found them active; also active were Swamp-pink, Lilly-of-the-Valley, Hairy Solomon's Seal, Rape and Spinach. Their experiments led them to examine the plants which caused the condition in the United States and they found that Ragweed, Goldenrod, Asters and Chrysanthemums caused symptoms when applied to the mucous membranes of susceptible individuals, while normal controls did not react.

Thus Dunbar and his associates, notably Kamman, Liefman and Prausnitz, placed the etiology of hay fever on a scientific basis. They also demonstrated that a patient may be susceptible to one or more pollen, and according to Koessler, the following list of plants have pollen which have been found to cause "hay fever symptoms." Patients suffering from the spring variety reacted to the following Gramineae:

<i>Alopecurus pratensis</i> .....	Meadow Foxtail.....	May to July
<i>Anthoxanthum odoratum</i> .....	Sweet Vernal Grass.....	April to July
<i>Cynosurus cristatus</i> .....	Crested Dog's Tail.....	June to August
<i>Avena sativa</i> .....	Common Oat.....	June to July
<i>Festuca octoflora</i> .....	Slender Fescue.....	May to August
<i>Festuca rubra</i> .....	Red Fescue.....	June to August
<i>Festuca elatior</i> .....	Meadow Fescue.....	June to August
<i>Hordeum sativum</i> .....	Common Barley.....	June to July
<i>Lolium perenne</i> .....	Ray Grass.....	June to August
<i>Phleum pratense</i> .....	Timothy, Cat's Tail.....	June to August
<i>Poa annua</i> .....	Low Spear Grass.....	April to October
<i>Poa pratensis</i> .....	Kentucky Blue Grass or	
	June Grass.....	May to August
<i>Poa triflora</i> .....	False Red-Top.....	June to August
<i>Secale cereale</i> .....	Rye.....	June to July
<i>Triticum sativum</i> .....	Wheat.....	June to July



Patients manifesting autumnal symptoms were susceptible to the pollen of the following dicotyledones:

<i>Ambrosia artemisiaefolia</i> .....	Ragweed.....	July to September
<i>Ambrosia bidentata</i> .....	.....	August to September
<i>Ambrosia trifida</i> .....	Great Ragweed.....	July to September
<i>Aster</i> .....	Starwort.....	August to October
<i>Chrysanthemum leucanthemum</i> .....	Oxeye Daisy.....	June to September
<i>Chrysanthemum indicum</i> .....	.....	August to October
<i>Cirsium lanceolatum</i> .....	Common Thistle.....	July to September
<i>Cirsium arvense</i> .....	Canada Thistle.....	July to September
<i>Rudbeckia hirta</i> .....	Blackeyed Susan.....	June to August
<i>Solidago cassia</i> .....	Goldenrod.....	August to September
<i>Solidago canadensis</i> .....	Goldenrod.....	August to September
<i>Solidago nemoralis</i> .....	Goldenrod.....	August to September
Graminaceae		
<i>Zea mays</i> .....	Indian Corn.....	July to August

Goodale has tested the cutaneous reactions of hay fever patients with great variety of plants and we add from his list the following which he found to be active: Beach wormwood, Burdock, fall Dandelion, Hawkweed, Pigweed, Wild Carrot, Tansy, Japanese Rose, and Mock Orange.

Our experience agrees with Koessler, in the opinion that even this extensive list of plants may not be complete.

There must necessarily be predisposing causes to this disease, as the vast majority of mankind is not affected by pollen, while to a small minority the contents of these kernels are intensely toxic. Thus, we recognize two factors which are of importance in the etiology of "Hay fever"—nasal and pharyngeal pathological conditions and heredity.

Among the nasal and pharyngeal conditions which would predispose to this disease are any obstructions, such as enlarged turbinate bodies, deviated septa, spurs and adenoid vegetations; also any diseased conditions of the mucous membranes as are found in atrophic and hypertrophic rhinitis, and suppurative accessory sinus disease. All of these conditions render the mucous membranes liable to erosions from irritating discharges, this offering a place for parenteral absorption of the pollen contents during the period that flowers bloom and pollenize.

Heredity is an important factor in supplying subjects for this disease. There seems to be a particular permeability of the skin and mucous membranes transmitted from the parent who has suffered or is suffering with this ailment or some allied ailment, to his or her offspring. Among our patients were two brothers with hay fever; a brother and sister with hay fever; a lady with hay fever whose son suffers with asthma; two cases in which a father and one or more children suffer with hay fever; a young

lady with hay fever who had intense eczema as a child and whose mother suffers with eczema, rebellious to treatment.

It is probable that pollinosis occurs the world over. We know it to be endemic in Europe, Africa, Asia and North America.

More males are affected than females.

It is found in all strata of society, and the reason that some writers think that it occurs mostly in cultured and highly strung people is because the poorer and less cultured classes are not so fastidious and are unable to pay much heed to a "cold in the head" which lasts six weeks every year.

*Pathology.* Hay fever or pollinosis is not a fatal condition and there exist no autopsy records of patients dying while suffering from symptoms of "hay fever." Thus our idea of the pathogenesis of this disease is based mainly on experimental and deduced evidence.

According to Dunbar, the pollen extract which contains about 40 per cent of protein is a "toxin," the active portion of the protein being the albumin fraction. From our experiments and those of Koessler, we are not in accord with his views, because the action of this protein does not conform to the postulates of Ehrlich as regards true toxins, such as the toxin of diphtheria and tetanus. Nevertheless, pollen protein holds a position which is unique, inasmuch as it has toxin and nontoxin attributes. Although it is thermostable, non-toxic to the majority of mankind and animals, the intoxication with pollen shows no incubation time (its action is almost immediate); still it is toxic in very minute doses, but only to sensitive individuals; it is completely specific, it produces antibodies when injected into animals and man as demonstrated by complement fixation, but its toxin-antitoxin neutralization curve does not follow the law of multiple proportions.

In 1906 Wolff-Eisner suggested that this disease was a condition of anaphylaxis. Dunbar, in 1912 stated this condition is not one of anaphylaxis based upon the following experimental data. He was not able to cause passive anaphylaxis in guinea pigs by injecting intravenously serum from hay fever patients and twenty-four hours later injected intravenously a quantity of pollen extract; also that a condition of anti-anaphylaxis does not occur after the hay fever attack. But he has produced symptoms resembling anaphylaxis in hay fever patients by injecting a large dose of pollen extract while normal controls gave no symptoms whatsoever with the same dose. He also showed that the pollen extract was capable of producing symptoms similar to anaphylactic shock in guinea pigs which had been previously injected with the same antigen.

We are opposed to Dunbar's views on this question from his experimental facts and our own experimental deductions. Our experience



has shown that the amount of antibody in the serum of untreated pollinosis patients excepting during the attack, is so small that it would be well-nigh impossible to obtain, and were it possible to obtain, it would be impossible to inject a sufficient amount of serum to sensitize the guinea pig.

On the other hand, Koessler was able to produce passive anaphylaxis in guinea pigs. He obtained the blood from patients in the third week of their attack. Four cc. of this serum was injected intracardially into guinea pigs, and twenty-four hours later they were reinjected with the same serum. All the animals so treated showed severe typical symptoms of anaphylaxis. Dunbar used hay fever patients preceding the attack, while Koessler took the blood during the attack, therefore the discrepancy in the results.

Koessler tried to show that the pollen protein circulated freely in the blood of patients suffering with a seasonal attack of hay fever, and for this purpose obtained enough blood from a patient who had severe asthmatic symptoms to give 20 cc. of serum. Four guinea pigs were injected subcutaneously with 5 cc. of serum, and twelve to eighteen days later were injected intracardially with 1 cc. of 1-10,000 dilution of ragweed pollen extract and three of the four guinea pigs showed severe typical symptoms of anaphylaxis. From this experiment he deduces that in the serum of his patient there was pollen protein; this may be true, but it is possible to theorize on this from a different premise. It can be argued that the blood injected contained enough amboceptor to sensitize the guinea pigs against subsequent injection of the specific antigen.

Richet and Hericourt in 1898 applied the name of anaphylaxis to a symptom complex of vomiting, diarrhoea, respiratory distress, and sometimes death, which was produced in animals by giving a sublethal dose of some toxic protein substance or a dose of some non-toxic protein substance followed in twelve days by a second dose of the same substance which did not cause any symptoms in control animals not previously so treated. Since then much research work has been done, and many theories on the mechanism of this phenomenon formulated.

From the work of Vaughn and Wheeler on "split proteid," of Sleswjk and others on the rôle of the complement during anaphylactic shock, and that of Friedberger and Hartock, and Ulrich Friedeman, on the production of anaphylatoxin in vitro, our present conception of the *modus operandi* of this phenomenon, has been evolved. These investigators have given us the following hypotheses: When a foreign protein substance is injected into an animal, there is a production of antibody or amboceptor specific for that particular protein; that this amboceptor unites with the antigen and by action of the complement in the blood, the antigen undergoes pro-

teolysis and the products of the proteolysis produce the symptoms known as anaphylactic shock. The entire antibody is formed after the first injection and when the second injection is given at the proper time, the proteolysis goes on very rapidly with the production of these protein fractions or anaphylatoxin in large quantity, which produces the symptoms.

Pollinosis is due, as previously stated, to a sensitization of an individual by the pollen contents through the respiratory tract. There must, however, be at the time of sensitization, an abrasion of the mucous membrane so as to make parenteral absorption possible.

The attack of hay fever is comparable with the effects of the Wolff-Eisner tuberculin reaction in the skin or the Calmette reaction in the eye. During the flowering season of plants, the pollen is carried by air currents and is breathed in by all of us. The susceptible person becomes ill from the effects of the pollen contents on his respiratory mucous membrane and the skin of the face. If, for example, a quantity of air laden with pollen be deposited in the stomach or rectum, the symptoms would be localized in the stomach or rectum and not in the nose, eyes, mouth or face. If a large dose of pollen extract be injected subcutaneously into a susceptible individual, typical symptoms of anaphylaxis may result, as has been observed in a patient where we administered an excessive dose of the extract. Within ten minutes after the exhibition of the drug, this patient felt a sense of oppression in the chest, a suffusion of the face, her breathing became labored, marked palpitation of the heart occurred and within forty-five minutes a giant urticarial rash covered her entire body. All of the symptoms subsided within two hours and the patient felt sufficiently well again to get up. Many investigators of this subject have reported typical attacks of hay fever after giving large doses of pollen extracts but we have never noticed such effects. We have observed as above stated, anaphylactic symptoms but never anything which simulated hay fever.

**SYMPTOMS.** *A. Subjective.* When the annual attack is about due, the patient first notices an itching at the inner side of the eyes, which may disappear only to recur with greater intensity in a few days. This usually is accompanied by itching of the nose, the skin of the face and the palate, which may continue for some time without becoming worse, but in due course of time the patient experiences fullness in the head, stuffiness of the nose, and in the morning particularly, attacks of sneezing followed by a sero-mucous discharge. At this time the eyelids itch intensely so that the patient can hardly refrain from rubbing. Itching of the palate is also pronounced and the patient very often scratches the palate with the finger. Weakness is complained of and there is a disinclination to stir about. Perspiration is oftentimes free. This condition continues;

abating and increasing from time to time. If the nose is completely obstructed, as it usually is, sleeping is interfered with and soon a cough supervenes and to the clinical picture is added attacks of shortness of breath and wheezing, particularly at night. At the end of the seasonal attack all of these symptoms gradually subside, leaving no evidence of the suffering and discomfort which has been endured. The spring variety usually does not last longer than four weeks, while the fall variety lasts about six weeks. Occasionally patients who suffer with "hay fever" symptoms throughout the spring and summer, present themselves.

*B. Objective.* The eyelids appear red, the conjunctival blood vessels are engorged and the mucous membrane between them is whitish pink. There are occasionally small papular elevations in the skin of the face. The mucous membrane of the nose is swollen, the blood vessels are engorged and the mucous membrane between these blood vessels is also whitish pink. The palatal blood vessels are prominent and the intervening mucous membrane is anemic. The temperature of the patient ranges between  $98^{\circ}$  and  $101^{\circ}$ , seldom reaching  $102^{\circ}$ . From this description it can be readily seen that the mucous membranes are not inflamed. They are more inclined to be pale, while the blood vessels which course through them are engorged.

*Diagnosis.* Given a patient who periodically each spring or summer becomes ill with a sickness which corresponds to the description mentioned in the symptomatology, and if these symptoms begin and end at approximately the same time each year, it can safely be said that the patient is suffering from pollen disease. The question before us now is, "Which pollen is operative in a given case?" To answer this query it is necessary to test the patient with the pollen of all the flowers which bloom during the time of the attack. The list of plants mentioned previously gives a large variety of active pollens and if possible, the pollen of each of these should be employed for the testing of the patient to determine the one or ones to which the individual is anaphylactic.

*Methods.* There are three methods by which it is possible to know which pollen is operative in a given case. A drop of a weak extract of a given pollen may be instilled into the lower conjunctival sac of the eye. The one which produces congestion and swelling of the caruncle and mucous membrane of the lid is the one to which the patient is sensitive. A very minute quantity of the extract may be injected intracutaneously, and the pollen the patient is anaphylactic to will cause swelling and redness around the spot where the pollen extract is deposited. A very minute quantity of pure pollen may be gently rubbed into a small scarification wound of the skin and a wheal will develop at and around this point of scarification if the patient is susceptible to that pollen. Some patients



are sensitive to more than one pollen and it seems that there may be in some cases a general susceptibility to all pollen, so that only when the reactions are marked is it possible to conclude that this is the specific pollen which is causative of hay fever in a given case.

To be sure that no other factor than the pollen is causing the reaction, it is advisable that a negative control be established by simultaneous vaccination of another patient. No swelling should occur in the control.

The majority of patients suffering with pollen disease are susceptible to the pollen of timothy, red-top and blue grass, or to rag-weed and goldenrod. Only the exceptional patient is anaphylactic to the pollen of other plants but it is just these exceptional cases that give us the most trouble.

*Prognosis.* Many patients become progressively worse each season, while with others the symptoms are milder after each attack. We are of the opinion that every case can be helped, the symptoms stopped or abated in severity, if the patient's resistance is such as to enable him to build up an immunity.

#### TREATMENT.

1. *Palliative.* While the patients are suffering with the attack it is possible to give them relief with drugs, particularly with cocaine and adrenalin. Weak solutions of these may be instilled into the eyes and applied to the nose. In this way the itching of the eyes and obstructed breathing are mitigated. As soon as the effects of these drugs pass away, the patient suffers as before. Their continuous exhibition is fraught with dangers—the habit of cocaine snuffing may be acquired, and adrenalin has been found to cause an arteriosclerosis of the large blood vessels, due to the increased blood pressure which it produces.

Patients suffering with this disease may sojourn to localities at which the causative pollen-bearing flowers do not grow, such as Fire Island, Green Mountains, White Mountains, and the higher altitudes of the Adirondack Mountains. A pilgrimage to these places must be made each year and they must remain away the entire six weeks to avoid the disease.

2. *Curative.* Before entering into a description of the methods advised for curative purposes, it is not amiss at this point to dilate upon the theoretical factors which have to be considered to understand the basis of such treatment. We have stated above that pollen disease is an anaphylaxis, and anti-anaphylaxis must be accomplished before a cure can be effected.

According to Rosenau, Anderson, Otto and others, if on the seventh, eighth or ninth day after the first injection, a massive dose of antigen is

injected into the animal, the symptoms of anaphylaxis do not occur on exhibiting a dose of antigen on the twelfth day. This refractory condition so produced is called anti-anaphylaxis. This same animal will, twenty to thirty days later, become slightly sensitive to the antigen; the symptoms being mild, fatal reactions rarely occurring. The reasons for this refractory condition so produced is answered by the researches of Neufeld and Dold, Kraus, Ritz and Sachs, Izar, Friedberg and Mita, Zinsser, and Bordet, who, working on the quantities of antigen, amboceptor and alexin, which would be most favorable for the production of anaphylatoxin in vitro, found that large quantities of the antigen as compared to the other ingredients inhibited the production of anaphylatoxin. They also showed that an excess of the amboceptor would produce the same result. In view of these facts, they conclude that the great concentration of antigen in the blood of the refractory animal inhibited the production of sufficient anaphylatoxin to cause symptoms.

Zinsser and Dwyer, working with typhoid anaphylatoxin, showed that guinea pigs treated with a sub-lethal dose of anaphylatoxin, developed a tolerance which enabled them to resist one and one-half to two units of the poison, the tolerance developing within three days and lasting to a slight degree for as long as two months.

From the foregoing facts, hypothetically it should be possible to treat patients suffering with pollinosis by one of four methods:

1. By injecting a dose of pollen extract just before the "hay fever" time and repeating the procedure in twenty to thirty days.

2. By injecting a large quantity of immune serum during the attack. This we have accomplished in one of our cases. From G. G., a patient who received forty-five injections of ragweed extract, we took about two ounces of blood from a vein: after the proper precautions of a Wasserman reaction, we injected 8 cc. of the serum subcutaneously into a patient of thirteen years, suffering at the time with a violent attack of pollinosis. Within thirty-six hours, this little patient had no symptoms of pollinosis and no signs of the disease returned during the entire season.

3. By injecting very small amounts of pollen extract at intervals of ten days or less so that only minute quantities of anaphylatoxin be formed and the patient's tolerance raised.

4. By injecting very small doses of anaphylatoxin made in vitro to produce the same results as in method number three.

A. *Passive Immunization.* Weichhart has placed on the market a preparation which he terms Graminol. It is a serum taken from the cattle during "hay fever" time. Graminol does not contain specific antibodies but it is said to give relief in from 61 to 75 per cent of cases, according to the report of the German Hay Fever Association.

By repeated injections of pollen extract into horses and rabbits Dunbar and his associates were able to produce an immunity in these animals, as tested by the complement fixation reaction, especially in rabbits whose serum in some cases would fix complement in dilutions of 1-50,000. Dunbar has transferred passive immunity to individuals by injecting the serum of these animals.

From these experiments, he has evolved his Pollantin, which he considers a specific in the treatment of pollinosis. Pollantin is a horse serum antitoxin and in itself can produce the condition of anaphylaxis by repeated use and thus interferes with the cure that it is supposed to accomplish. This product, in our hands, has been a failure, notwithstanding that the German Hay Fever Association has reported 59 to 69 per cent of successful results with Pollantin.

The action of these two preparations may be explained as follows: they undoubtedly contain antibodies: in the case of Pollantin, the anti-bodies are specific, while those in Graminol are not specific; nevertheless these, antibodies furnish the necessary element for the binding of the complement in the secretion of the respiratory mucous membranes to the pollen contents or antigen. This effects a rapid digestion of the antigen into harmless products, such as amino acids, and thus the toxic material does not remain long enough in contact with the tissues to produce symptoms.

B. *Active Immunization.* Holbrook Curtiss was probably the first investigator to effect an active immunity in pollen disease. This observer, as early as 1900, reported favorably on this subject. He used aqueous and alcoholic extracts of the flowers and pollen of ragweed, goldenrod and lily-of-the-valley. These were administered subcutaneously and by mouth.

Dunbar in the earlier period of his investigations on this subject, tried to produce active immunization by injecting the pollen extract, but came to the conclusion that such immunity could not be secured by this means. He probably failed because the pollen which he used may not have been the only pollen which caused the disease in the cases which he treated; furthermore, he used an excessive dosage which, from our present experience, breaks down the defensive potentialities of the patient, thus frustrating the result which he desired.

Noon and Freman, in 1911, published the results of their work on the active immunization of pollinosis by injecting gradually increasing doses of timothy-grass pollen extract. They reported eighteen cases. Excellent results were obtained in three, thirteen were markedly improved, while two cases were not benefited.



Case protocol

NAME	AGE	DURATION IN YRS.	NOSE AND THROAT CONDITION	REACTION TO CUTANEOUS TEST	CONDITION IN 1913	CONDITION IN 1914	NUMBER OF INJECTIONS	REMARKS
A. E.	30	4	Adenoids removed in 1912. Submucous resection in 1913. Nose very dry. Accessory sinusitis early part Aug. 1914	R. W. + G. R. -	Very severe attack Aug. 1-Sept. 15	Very mild attack Aug. 17-Sept. 15	25 R. W. Dec. 3, 1913 to Sept. 10, 1914	Patient a chauffeur. Spent most of this summer around Lake Mohegan. Says he was markedly better this year than any previous year.
P. H.	32	20		R. W. + G. R. ±	Very severe attack Aug. 24-Sept. 24	Very severe attack Aug. 14-Sept. 12	25 R. W. 8 G. R. April 30-Aug. 21, 1914	Was not improved.
G. G.	32	3	Deviated septum. Enlarged inferior turbinate	R. W. + G. R. -	Very severe attack July 15-first frost	Hardly any symptoms Aug. 18-Sept. 12	45 R. W. Dec. 19, 1913 to Sept. 12, 1914	Patient says he is much better this year than last. Moderate symptoms. Sept. 1-9, otherwise comparatively well.
M. K.	21	6	Submucous resection in 1912. Spur removed in 1913. Has now slight septal deviation and enlarged inferior turbinate	R. W. + G. R. -	Very severe attack Aug. 16-Oct. 1	Aug. 15-Sept. 10	3 R. W. Sept. 5-10, 1914	Patient called to see me in middle of night because of aphonia and difficult breathing. Felt as if choking. Symptoms ceased after 3 injections.
R. L.	23	17	Enlarged inferior turbinate, on right	R. W. + G. R. -	Very severe attack Aug. 16-Oct. 1	Very mild attack Aug. 17-Sept. 9	49 R. W. Dec. 29, 1913 to Sept. 3, 1914	Only 6 bad days during the 23 days which the attack lasted.
R. L.	19	6		R. W. + G. R. -	Very severe attack Aug. 1-first frost	Aug. 1-Sept. 9	4 R. W. Sept. 1-9 1914	Much better after 1st injection. Able to sleep at night, whereas before not at all.
K. R.	38	0		R. W. + G. R. -	(1st attack 1914)	Aug. 1-Sept. 7	1 R. W. Sept. 6, 1914	Felt entirely well the day after 1st and only injection.
H. S.	38	1	Polypoidal degeneration of left middle turbinate	R. W. + G. R. -	Very severe attack with asthma Aug. 15-first frost	Very severe attack with asthma Aug. 15-first frost	2 R. W. Sept. 4-9, 1914	Received 6 cc. serum from G. G. Felt very much better but still gets asthmatic attacks.
D. S.	22	9	Deviated septum. Enlarged inferior turbinate	R. W. + G. R. -	Very severe attack Aug. 15-Sept. 15	Mild symptoms Aug. 11-Sept. 8	8 R. W. Aug. 21-Sept. 8, 1914	Attack cut short slightly. Symptoms very mild after treatment was begun.
S. S.	13	1	Septal deviation	R. W. + G. R. -	Very severe attack Aug. 15-first frost	Very severe Aug. 11-Sept. 7 (up to beginning of treatment)	2 R. W. 8 cc. serum from G. G. Sept. 4-8	8 cc. serum from G. G. 36 hours later no symptoms, no recurrences.
G. W.	33	6		R. W. + G. R. ±	Very severe attack Aug. 15-first frost. Asthmatic attacks every year	Hardly any symptoms during the 5 days Sept. 1-Sept. 6	25 R. W. 8 R. G.	Worked during Aug. and Sept. 1914 in open fields on Long Island, only succeeded when in the fields, only a few times between Sept. 1 and Sept. 6.

In a preliminary report, Clowes in 1913, gave his results on the treatment of eight cases of pollinosis. All of the cases were satisfactorily influenced.

Koessler, between 1910 and 1914, had treated forty-one cases of which four were cured, twenty-nine markedly improved and eight were not benefited.

*Preparation of Pollen Extract.* The technique which we followed during 1913 and 1914 has given us an effective antigen for curative purposes.

The pollen was ground up for several days with sand and a sufficient amount of 5 per cent sodium chloride solution with  $\frac{1}{2}$  per cent carbolic acid added to prevent the growth of micro-organisms. This mixture was placed in the thermostat for seventy-two hours at 37°C. and then filtered by suction. None of these extracts by this method gave the biuret reaction and few gave a positive ninhydrin reaction. The filtered extract was then precipitated with eight parts of absolute alcohol and filtered quickly in a Buchner funnel to avoid any denaturization, if possible, of the active principle by so strong a concentration of alcohol. The precipitate was dried and weighed. This precipitate, on testing has never given a biuret or ninhydrin reaction. It is partly soluble in 0.85 per cent sodium chloride and physiologically active in very weak solutions.

A total nitrogen content of one of the extracts of ragweed was performed and it showed 0.066 per cent of nitrogen. This same solution, on December 20, 1913, gave a positive ninhydrin reaction, whereas on March 24, 1914, three months later, the test was doubtful. This shows that pollen extracts in solution deteriorate on standing.

The dried precipitate was dissolved in 0.85 per cent sodium chloride solution with  $\frac{1}{4}$  per cent of carbolic acid, and serial dilutions made. With these solutions the patients were treated by hypodermic injections.

The fact that the extract is not entirely soluble shows that there must occur some denaturization by the alcohol, and for this reason we are now endeavoring to perfect a method of extraction in which no such factor enters. It is our desire to report the results of our present research in this direction in a subsequent publication.

Eleven cases were treated in 1914, before and during the season for autumnal catarrh. Six cases were treated in advance of the attack. One of these was cured for the season, four had very mild symptoms, and one was not improved. Five cases were treated during the attack. The symptoms of four subsided after receiving from one to four injections, whereas one patient received no benefit. Altogether there were five cures for the season. In four cases there was marked improvement. Of the two cases that were not improved, one had a polypoidal degeneration of the middle turbinate with underlying bone necrosis. The patient had distinct asthmatic attacks every night and it was impossible to say whether

the attacks were due to the pollinosis or to the local nasal condition. The other was a physician who reacted both to ragweed and goldenrod pollen. He received in all thirty-three injections, alternating the ragweed and the goldenrod extracts. He came very irregularly for treatment. It is possible that at times the treatment was too intensive and his physical condition was so poor that possibly he could not develop a tolerance.

Nine of our cases reacted to ragweed pollen and two reacted to that of both ragweed and goldenrod. Both of these latter cases received both goldenrod and ragweed antigen hypodermically. One was cured but the other was not improved. When a patient is sensitive to more than one pollen, individual doses of each extract should be administered, in order to determine when the tolerance is sufficiently raised for each. Mixing the antigen is too empirical.

There are two ways of determining when a patient has become sufficiently immune to warrant discontinuance of the treatment.

1. With the complement-fixation test.
2. From the size, intensity and duration of the wheal produced by skin scarification, at different times, namely, before and during the treatment.

The scarification method is the one we have generally used, to diagnose and determine the degree of immunity induced. The wheal produced by the initial vaccination is measured, its time of appearance and its duration noted. After five or six treatments the patient is revaccinated and the wheal observed again as before, and compared with the former results. When the wheal is very small or does not appear, the patient is sufficiently immune and probably will go through the season with very mild symptoms or none at all.

Naturally the question arises whether such immunization is permanent. We believe it is safe to say that, while immunity may not be successfully carried over to the succeeding year, recurrences are much milder at least and patients require less re-immunization. An attack the following year can probably be overcome by very few injections.

The best time to begin treatment is probably about ten weeks before the attack may be expected to occur. Regularity of attendance at about weekly intervals is important.

We feel that cures were not accomplished in two cases because treatment was begun too early; and in two other cases, because the patients were treated too irregularly. Furthermore, it is probable that some of these cases were susceptible to pollen other than that of ragweed and goldenrod. At the time of our initial work, we were not prepared with as large a variety of pollens as we now possess for the continuance of this work along broader lines, which we hope in the future will enable us to bring about a larger percentage of cases influenced by our attempts at immunization.

## BIBLIOGRAPHY

- BACKLEY, CH. E.: Experimental Researches on the Cause and Nature of Hay Fever, London, 1873.
- BENNINGERUS, J. N.: Observations et Curatiorum Medicinaium centuriar V Montesbeligard, 1673.
- BORDET: *Ann. d'Inst. Past.*, 1913, 17, 9, 161.
- BOSTOCK, JOHN: Case of Periodical Affection of the Eyes and Chest, *Mico-Chirurgical Transactions*, London, 1819, x, 161.
- CALMETTE: *Compt. rend. de l'Acad. des Sciences*, 1907, June.
- CLOWES, G. H. A.: A preliminary report on the Treatment of Autumnal Hay Fever by Vaccination, etc. *Proceedings of the Soc. Exp. Biol. and Med.*, 1913, D, x, 70.
- CURTIS, H.: *N. Y. Med. News*, July 7, 1900.
- DUNBAR, W. P.: Zur Ursache und Specifischen Heilung des Heufiebers, Munchen, 1903.  
 Neuere Experimentelle u. kritische Bertragr zur Heufiberaetiologie. *Deuch. Med. Woch.*, 1903, Nov. 9.  
 Urrache u. Behandlung des Heufiebers, Leipzig, 1905.  
 Zur Ursache u. Specifischen Heilung d. Heufiebers, *Deutsch. Med. Woch.*, Nov. 13, 1911.  
 Neber das Suobiologische Verhatten der Geschlechtszellen, *Zeitsch. f. Immun.*, 1910, iv, 740; and 1911, vii, 454.
- ELLIOTSON, J.: Hay Fever, London, *Med. Gaz.*, 1831, viii, 411; and *Lancet*, 1830-1831, ii, 370.
- FRIEDMAN, ULRICH: *Zeitschr. f. Immunitatsforsch*, 1909, 2.
- FRIEDBERG and MITA: *Zeitsch. f. Immunitatsforsch*, 1911, 10.
- FRIEDBERGER and HARTOCK: *Zeitschr. f. Immunitatsforsch*, 1909, 3.
- GOODALE, J. L.: Anaphylactic Skin Reactions Excited in Hay Fever Subjects by Pollen of Various Species of Plants, *Boston Med. and Surg. Journal*, Nov. 5, clxxi, No. 19.
- HEBERDEN: *Genl. Comentarii de Mortorum Historia et Curtione*, Londini, 1802.
- IZAR: *Zeitsch. f. Immunitatsforsch*, 1911, 10.
- KOESSLER, K. K.: The Specific Treatment of Hay Fever, *Forschheimeris Therapensis of Internal Diseases*, v, 679.
- KRAUS: *Zeitsch. f. Immunitatsforsch*, 1911, 8.
- NEUFELD and DOLD: *Berl. Klin. Woch.*, 1911, No. 2, 24; *Arb. aus. d. Kais. Gcsundheits Amt.*, 1911, 38.
- NOON and FREEMAN: Prophylactic Inoculations against Hay Fever, *Lancet*, 1911, i, 1572.
- OTTO: *Munch. Med. Woch.*, 1907, no. 34.
- PRAUSSNITZ, C.: Zur Behandlung des Heufiebers, *Munch. Med. Woch.*, Nov. 23, 1905.  
 Zur Natur des Heufieber giftes u. seines spec. Gegengiftes, *Berl. Klin. Woch.*, Nov. 9, 1905.  
 Die Heufiebergiftes, *Handl. d. Tech. d. Immun.*, Jena, 1907, 317.  
 Heufieber Antitoxin, *Ibid.*, ii, 263.
- RICHTER and HERICOURT: *Compt. rend. de la Soc. Biol.*, 1898.
- RITA and SACHS: *Berl. Klin. Woch.*, 1911, No. 22.
- ROSENAU and ANDERSON: U. S. Pub. Health and Marine Hospital Service, Hyg. Lab. Bull. 36, 1907, Bull. 64, 1910.



SLEESWIJK: *Zeitschr. f. Immunitätsforsch.*, 1909, 2.

VAUGHN and WHEELER: *Journ. Inf. Dis.*, 1907, 4.

WEICHHART, W.: Zur Serum Behandlung des Heufiebers.

WOLFF-EISNER: *Berl. Klin. Woch.*, 1904, Nos. 42 and 44.

WOLFF-EISNER: Das Heufieber, Sein Wesen and Seine Behandlung, 1906.

ZINSSER: *Jour. Exp. Med.*, 1913, 17.

ZINSSER and DWYER: Reported at the Meeting of Am. Ass. of Path. and Bact., Toronto, April, 1914.

#### MEMOIR—DR. ST. CLAIR SPRUILL.

St. Clair Spruill was born in North Carolina in 1866. After attending Trinity College, he studied medicine at the University of Maryland, graduating in the class of 1890. He served as resident physician at the Lying-In Hospital, and as assistant resident at the University Hospital from 1890 until 1892, when he was elected superintendent of the latter institution. He remained in this position until 1898. During his long residence in hospital, he made careful clinical study of medical as well as of surgical cases, and became a most capable and intelligent clinician. From 1898 until his death, he remained an active member of the teaching staff of the University of Maryland, being gradually promoted until in 1902 he was elected Professor of Clinical Surgery. His diagnostic skill was the natural result of his clear mental processes and the breadth of his all-around training. As an operator he was most conservative, but having decided upon operation he was bold, thorough and resourceful. His careful technique and painstaking after-treatment brought about remarkable results after the most serious operative procedures.

Dr. Spruill enjoyed a very large consultation practice in Maryland and in the surrounding states. He was chief surgeon of the W. B. & A. R. R., surgeon to the B. & O. R. R., to the University, Maryland General and Hebrew Hospitals, and consulting surgeon to many hospitals throughout Maryland and the neighboring states. He at one time served as surgeon of the 5th Maryland Regiment.

As a man he was of a most retiring disposition, but his absolute sincerity, his wonderful judgment and his kindness of manner made him hosts of friends both lay and professional. He never married. For the past seventeen years, he had lived at the house of his friend, Dr. C. W. Mitchell, where he died on June 24 from septic bronchitis, following an attack of influenza. He was buried in the family lot of Dr. Mitchell in Loudon Park Cemetery.

#### COUNTY SOCIETY MEETINGS.

The Washington County Medical Society met Thursday, June 10 at 1.30 p.m. at the Hospital.

##### PROGRAM.

Value of Morbidity Reports, Dr. D. A. Watkins.

Discussion of Post Graduate Course.

V. D. MILLER, JR., *Secretary*,

W. B. MORRISON, *President*.

The Semi-Annual Meeting of the Worcester County Medical Society was held at Pocómoke City on Tuesday, May 11, in the fireman's room of the municipal building.



Dr. R. Lee Hall, president of the society, made an address in which he conclusively proved that "Increased Social Intercourse Makes For Greater Professional Proficiency." The program included the following discussions:

1. "Relation of the Physician to the Public Sociallogically; with Special Regard to the Social Disease Problem." Opened by Dr. A. A. Parker.

2. Infantile Gastro-intestinal Disorders; Etiology and Treatment. Opened by Dr. John Riley, of Snow Hill, Md.

3. Typhoid Fever; Prophylaxis and Treatment. Opened by Dr. Ebe Holland, of Berlin, Md.

The discussions were very spirited and brought out many new and profitable facts.

Among those present were Dr. John S. Aydelotte, Dr. John L. Riley, of Snow Hill; Dr. Ebe Holland, Berlin; Drs. N. E. Sartorius, S. S. Quinn, A. A. Parker and R. L. Hall.

At the close of the sessions the members of the Association had dinner at the Ford House.

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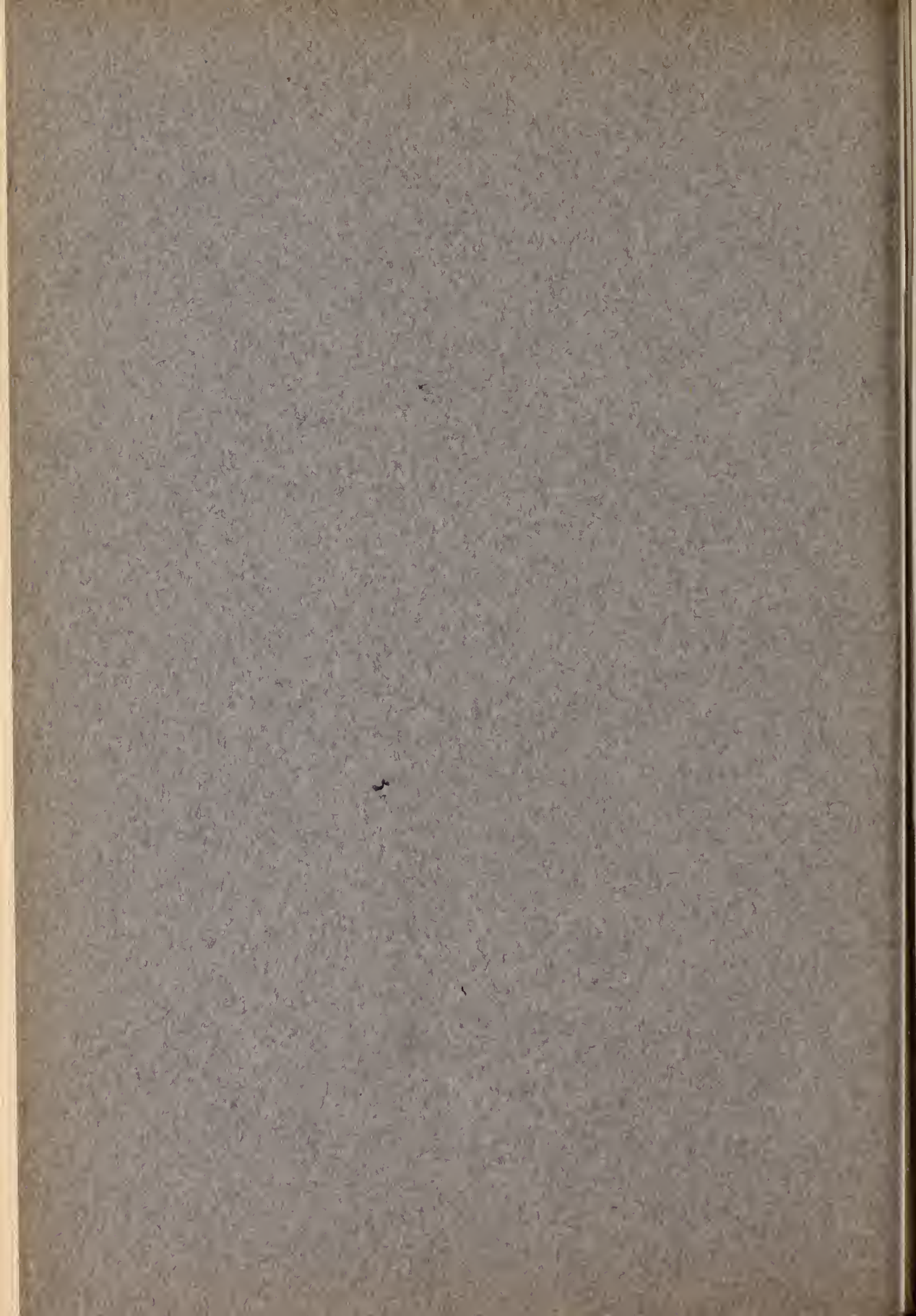
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**CARROLL COUNTY MEDICAL SOCIETY.** President, D. B. SPRECHER, Sykesville, Md.; Secretary-Treasurer, H. M. FITZHUGH, Westminster, Md.; Delegate, M. D. NORRIS. April, July, October, December; annual meeting in October.

**CECIL COUNTY MEDICAL SOCIETY.** President, W. D. CAWLEY, Elkton, Md.; Secretary-Treasurer, H. BRATTON, Elkton, Md.; Delegate, H. A. CANTWELL. Third Thursdays at Elkton, April, July, October, January; annual meeting in April.

**CHARLES COUNTY.** No active organization.

**DORCHESTER COUNTY MEDICAL SOCIETY.** President, GUY STEELE, Cambridge, Md.; Secretary-Treasurer, W. H. HOUSTON, Fishing Creek, Md.; Delegate, E. E. WOLFF, Cambridge, Md. Meetings first Tuesday in June and December.

**FREDERICK COUNTY MEDICAL SOCIETY.** President, T. B. JOHNSON, Frederick, Md.; Secretary, Dr. B. O. THOMAS, Frederick, Md.; Treasurer, E. L. BOWLUS, Middletown, Md.; Delegate, I. J. MCCURDY. January, April, August and November.

**HARFORD COUNTY MEDICAL SOCIETY.** President, P. F. Sappington, Belair, Md.; Secretary-Treasurer, Dr. CHARLES BAGLEY, Bagley, Md.; Delegate, W. S. ARCHER. Second Wednesdays in January, March, May, July, September and November.

**HOWARD COUNTY MEDICAL SOCIETY.** President, W. B. GAMBRILL, Ellicott City, Md.; Secretary-Treasurer, W. L. CISSEL, Highland, Md.; Delegate, W. R. EARECKSON. Meetings (quarterly) first Tuesdays in January, April, July and October.

**KENT COUNTY MEDICAL SOCIETY.** President, H. G. SIMPERS, Chestertown, Md.; Secretary-Treasurer, F. B. HINES, Chestertown, Md.; Delegate, F. B. HINES.

**MONTGOMERY COUNTY MEDICAL SOCIETY.** President, J. L. LEWIS, Bethesda, Md.; Secretary-Treasurer, C. H. MANNAR, Rockville, Md.; Delegate, W. L. LEWIS. Third Tuesdays in April and October.

**PRINCE GEORGE'S COUNTY MEDICAL SOCIETY.** President, J. C. COGGINS, Laurel, Md.; Secretary, S. M. McMILLAN, Riverdale, Md.; Treasurer, W. ALLEN GRIFFITH, Berwyn, Md.; Delegate, L. A. GRIFFITH, Upper Marlboro. Second Saturday of every second month.

**QUEEN ANNE'S COUNTY MEDICAL SOCIETY.** President, A. E. LANDERS, Crumpton, Md.; Secretary-Treasurer, H. F. McPHERSON, Centreville, Md.; Delegate, W. H. FISHER.

**ST. MARY'S COUNTY.** No active organization

**SOMERSET COUNTY MEDICAL SOCIETY.** President, C. F. FISHER, Princess Anne, Md.; Secretary-Treasurer, H. M. LANKFORD, Princess Anne, Md.; Delegate, C. C. WARD. First Tuesday in April at Crisfield; first Tuesday in October, at Princess Anne.

**TALBOT COUNTY MEDICAL SOCIETY.** President, C. M. STEILE, Cardova, Md.; Secretary-Treasurer, W. T. HAMMOND, Easton, Md.; Delegate, J. A. STEVENS. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.

**WASHINGTON COUNTY MEDICAL SOCIETY.** President, W. B. MORRISON, Hagerstown, Md.; Secretary, V. D. MILLER, Hagerstown, Md.; Treasurer, D. A. WATKINS, Hagerstown, Md.; Delegate, V. D. MILLER, JR. Second Thursdays of February, May, September and November.

**WICOMICO COUNTY MEDICAL SOCIETY.** President, J. M. ELDEROICE, Mardella Springs; Secretary and Treasurer, H. S. WAILES, Salisbury, Md.; Delegate, G. W. TOOD.

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# THE BULLETIN

OF THE

## MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

PUBLISHED MONTHLY

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BALTIMORE, MD.

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# THE BULLETIN OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

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NOTE: The Publication Committee desires to receive suggestions from members of the Faculty that will in any way improve the Bulletin.

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VOL. VIII

BALTIMORE, AUGUST, 1915

No. 2

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## PROPOSED "MEDICAL BUILDING."

Those who read the editorial in the June BULLETIN probably will recall the following:

We are very anxious to make the BULLETIN at least as useful as heretofore, and desire advice from the readers for our future guidance.

If each reader of the June issue of the BULLETIN will immediately write the new Editor his views upon the following questions and make any additional suggestions he may think helpful, we will try to avail ourselves of the information thus received and give it expression in an improvement in the July number of the BULLETIN.

We are desirous of knowing:

1st. Will you not help us in successfully working out the plan for a Service Bureau as outlined on the inside back cover of the June number?

2nd. Do you not think that members would read the BULLETIN with greater interest if at least a page in each issue were devoted to the recording of information concerning the members, their travels and the honors which may be bestowed upon them in their professional and civil life?

3rd. Could we not, with benefit to many of the members, discuss through the BULLETIN, the advantages or disadvantages of various systems of recording cases and charges, collecting, etc.?

4th. Is the BULLETIN not the medium through which we can best ascertain whether the time has come when Baltimore needs an office building suitably located and adapted for the proper housing of the physicians and surgeons who are gradually but surely coming together on the "group plan," the solution of many of our present difficulties?



5th. Can the BULLETIN not be made of greater service to the county members?

6th. Can we not, through the BULLETIN, exchange experiences and help one another to avoid those things to which physicians are known to be such easy prey,—the unprofitable investments( gold-brieks), the “benefit” ticket venders and the other many and varied petty and grand blackmailers?

Three readers of the BULLETIN found time to reply. Two of these very wisely objected to one of the advertisements, which the present management inherited, and for which renewal of contract will be refused. The third gave us the name of a decorator who had proved satisfactory to him.

It is still not too late to make suggestions and to furnish new ideas for the guidance of the Editor.

If you desire to formulate and determine the policy of the BULLETIN, now is the time to express your ideas. Until some objection is made by the readers certain “ideas” of the Editor will have free rein.

Early in July a letter was mailed to the superintendents of 73 office buildings largely or exclusively tenanted by physicians, as follows:

DEAR SIR:

I have recently taken over, as managing editor, the monthly *Bulletin of the State Medical Society of Maryland*.

While traveling over the country in connection with my personal investigation work, I am brought in close contact with the physicians and find them, in many instances, assembled in office buildings and, in some places, they occupy the whole building.

Baltimore physicians have adhered to the old plan of having their offices in their homes and are, therefore, in this respect behind the times.

I propose starting an active campaign through this state medical journal to create sentiment in favor of a “Medical Building” specially adapted for physicians’ offices and am desirous of securing all possible information from the owners and managers of office buildings in other cities where the experiment has been successfully tried.

Can you assist me by advising me of the advantages derived by the physicians in such buildings, the equipment furnished, the number of medical tenants in your building, and such other facts as may seem to you useful in my efforts at showing Baltimore physicians what other cities are doing toward housing their medical fraternity in an up-to-date manner?

A prominent architect is ready to interest some of his wealthy clients in the construction of a modern “Medical Building” in Baltimore as soon as I can supply him with information.

Very truly yours,  
W. EDWARD MAGRUDER.

At the same time letters were written to 80 physicians, as follows:

DEAR DOCTOR:

I took over the BULLETIN OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND beginning with the June issue, and desire to be of some service to the medical profession of Maryland while I am acting as managing editor of their state journal.

Baltimore is very much behind the times with regard to medical partnerships and office buildings for physicians. The majority of physicians have their offices in their residences, and are unnecessarily disturbed at all hours by patients straggling in, and are, therefore, probably not as efficient in their work as they would be if they had opportunities for rest and relaxation when not actively engaged in office or outside work.

I am desirous of securing all possible information from physicians, who have offices in office buildings separate from their homes, so that I may be in a position to bring before the physicians of Baltimore the advantages to be derived from a change in their location of offices.

A prominent architect in Baltimore has promised to give consideration to any data which I may be able to secure, and has some wealthy clients who are ready to construct a modern medical building if they can be shown that such a building would be tenanted by physicians.

I would greatly appreciate it if you will write me, telling of the advantages of a special office building for physicians, and also advising me whether you have knowledge of any successful partnerships (on the Mayo group plan) and, if so, how they are conducted.

Very truly yours,

W. EDWARD MAGRUDER.

Time and trouble did not count with these men. They were full of ideas and responded immediately to the call from Baltimore.

Each month will find extracts from these letters printed on one of the pages of the BULLETIN cover until they or the readers are finally exhausted.

A sample of the doctor's replies written by Dr. C. A. Benjamin, of Minneapolis, be published in full for your information as follows:

DEAR SIR:

I think there are many advantages in a strictly physicians' building that cannot be obtained in an office for a physician at his residence.

First, an office at one's residence somewhat isolates a physician from the rest of the profession. It is an advantage to be closely associated with your competitors. It is a great advantage to be in a building where there are a great many of your associates and fellow practitioners with whom you might consult at any time.

Second, it is an advantage to the patient also, in as much as he could be more easily referred to some specialist in the same building without loss of time and thereby obtain the best results.

Third, it obviates in a way the necessity of a combination of physicians which has been advocated by some men as we can always find specialists enough in a large office building to whom cases can be referred.

Fourth, it tends to the better development of a physician because he is more likely to specialize and therefore become an expert in his line and he is known as such by his fellow practitioners and patients.

Fifth, in a large office building proper conveniences can be obtained that are not possible in a private house such as proper light, heat, janitor service, etc.

Sixth, it is of great advantage to a physician to have specified hours in an office building where he can always be seen by his patients and is not annoyed at home

by patients calling at all hours of the day and night, therefore enabling him to better obtain the required amount of rest, sleep and recreation.

Seventh, it is of great disadvantage and much danger to a physician's family to have patients call at the residence especially where a physician has children who may be exposed to infectious diseases that are treated by the physician at his house. This to my mind is one of the most important reasons why we should not have patients call at the residence.

Eighth, a large office building is usually located in a convenient part of the city so that patients in and out of town can visit the physician to a better advantage, sometimes saving many hours of valuable time.

Ninth, the physician is able to build up a better practice because of the near location of the office to places of business where business men can save much time in consulting physicians.

Tenth, it is generally conceded now that the best physicians and surgeons are located in large office buildings, consequently adding to the reputation of a doctor.

The following letter from Dr. Joseph T. Smith, Jr., of Cleveland, Ohio, should prove of special interest, and is also published in full:

DEAR DOCTOR:

As a Baltimorean by birth and education, I was interested in your letter of July 12, speaking of the situation in Baltimore in regard to medical partnerships and physicians' offices outside their homes. I have wondered that these ideas were not more popular in the city.

Cleveland is a peculiar city in the great area it covers in proportion to its population. As an illustration, I may mention that our local street cars (not counting the inter-urban lines) cover a total east and west distance of about twenty-one miles. It can be readily seen, therefore, that a doctor having his office in his home in, say, the eastern resident section of the city, is quite unable to look after patients in the western resident section of the town. So Cleveland physicians have divided into two groups. Some men, general practitioners, have built up large neighborhood practices, with the office in their home as a center. These men work in a comparatively small area, almost as if they were in a village quite cut off from the rest of the city.

All physicians who draw patients from all parts of the city find it necessary to have centrally-located offices, reasonably accessible from every section of the city. Such an office must be in a downtown office building. Consultants, specialists, and many of the best known general practitioners have thus been forced to take their offices out of their homes, but I am sure none of them regret it. The complete separation of their professional lives from their private home surroundings is most grateful. Other advantages readily suggest themselves. Patients like the office building because a trip to the doctor does not require a separate expedition. Women drop in on their shopping expeditions, and most of the men patients find their doctors located very near their place of business. The physician is very near the best supply houses and drug stores. If he desires the aid of a specialist, that specialist is at hand.

Perhaps the greatest advantage of the office building for the doctor is wrapped up with the matter of medical partnerships. I know of few if any formal and legal partnerships between physicians. However, almost all doctors in office buildings here have a suite of rooms in common with several other physicians.

Each man has his own private office, and they use a reception room in common. One girl can do the stenography and attend the telephone for such a group of men at a very small expense per capita. A little laboratory fitted up in common makes the outlay for microscopes, urinalysis apparatus, centrifuges, etc., very small for each man. I know of such groups that include as many as ten men. In such groups, including many specialists, patients are interchanged as the conditions indicate, to the mutual advantage of both patients and doctors. One of the best known surgeons of the Middle West has his office with a famous genito-urinary specialist. The latter takes charge of the kidney and bladder cases coming to the surgeon. Another example of the satisfactory working of the system is the case of a famous internist. He has given a room in his suite to a young man who is starting into practice after some time spent as hospital resident under the internist. This young fellow will spend the otherwise idle moments of his period of waiting in doing laboratory work,—the blood, gastric, and urine examinations and the like—for the internist in the little laboratory they have fitted up in their suite of rooms. Personally, I am in a small suite with one other man—an eye, ear, nose, and throat specialist. I do nothing but gynaecology and obstetrics; and when occasion arises, we exchange patients. As soon as we can get a larger suite, we hope to be joined by a well-known general practitioner.

I know of no strictly “professional” building in Cleveland, though there is talk of building one soon. Several large buildings are largely given up to doctors, but in all, other businesses are also carried on. This Rose Building contains, I believe, no fewer than 187 physicians, to say nothing of a host of dentists. Yet many other concerns have offices here. I have heard patients say they like that fact. To be seen entering such a building does not prove you are going to the doctor’s.

Sincerely,  
JOSEPH T. SMITH, JR.

## THE SEMI-ANNUAL MEETING.

The Semi-Annual Meeting of the Medical and Chirurgical Faculty, will be held at Westminster, Thursday, October 28th, and it is hoped that a large number of our members will be present. Those desiring to read papers, will kindly communicate with Dr. J. M. H. Rowland, Chairman of the Committee of Arrangements, previous to October 1st.

## MINUTES OF THE GENERAL SESSION.

TUESDAY, APRIL 27, 1915, 8.30 P.M.

The 117th Annual Meeting of the Medical and Chirurgical Faculty was called to order in Osler Hall at 8.30 p.m., the President, Dr. J. W. Humrichouse, presiding.

Dr. Randolph Winslow occupied the chair while Dr. Humrichouse made his presidential address on “Relation of the Medical and Chirurgical Faculty of the State of Maryland to the counties”. This was followed by an address on “The treatment of infantile paralysis. The newer aspects of the problem, with certain conclusions drawn from the Vermont epidemic of 1914” by Dr. R. W. Lovett, of Boston, who was the orator of the occasion.



Dr. J. Whitridge Williams then presented, on behalf of Mrs. Howard, a splendid portrait of Dr. William Travis Howard. Dr. Williams gave an interesting sketch of Dr. Howard's life and connection with the Faculty and its members. The portrait was gratefully accepted on behalf of the Faculty by Dr. Humrichouse.

The meeting then adjourned.

WEDNESDAY, APRIL 28, 1915, 10 A.M.

The meeting was called to order by the President, Dr. J. W. Humrichouse, and the program was carried out as follows:

1. The advantages of present day Cesarean section, Dr. E. H. Kroman.
2. Recent advances in the State Department of Health, Dr. J. S. Fulton.
3. Hypertrophies of the endometrium (lantern slide demonstration), Dr. W. S. Gardner. Discussion opened by Dr. Emil Novak.
4. Surgical treatment of goitre with report of cases, Dr. R. P. Bay.
5. Treatment of pulmonary tuberculosis by lung compression: Demonstration of X-ray plates, Drs. M. F. Sloan and C. A. Waters.

WEDNESDAY, APRIL 28, 1915, 2.30 P.M.

The meeting was called to order at 2.30 p.m. by the President, Dr. J. W. Humrichouse, and the following program was carried out:

1. Recent experiences in spinal surgery. Exhibition of cases and lantern slides, Dr. R. T. Taylor.
2. Obstruction of the post-nasal orifices (choanae). Exhibition of a patient, Dr. J. R. Winslow.
3. Blood urea in renal conditions. Its value as a prognostic and therapeutic guide, Dr. A. J. Underhill.
4. Immediate and lasting reduction effected in dilated heart and aorta: practical results obtained with my original method of corpuscular radiotherapy-preliminary casuistic report. Dr. Ernest Zueblin.
5. Fractional gastric analysis in gall-stone disease. (Illustrated), Dr. A. H. Carroll.
6. What is disease? Dr. Wm. H. Pearce.

WEDNESDAY, APRIL 28, 1915, 8.30 P.M.

The meeting was called to order by the President, Dr. J. W. Humrichouse, at 8.30 p.m., and the following program was carried out:

1. Pollinosis (hay fever), a consideration of its treatment by active immunization, Drs. Seymour Oppenheimer and Mark J. Gottlieb, New York City. Discussion by Drs. J. H. Hartman and T. C. Worthington.
2. Marine Hospital methods of stamping out disease, (illustrated by moving pictures), Dr. L. L. Lumsden, Washington, D. C.

THURSDAY, APRIL 29, 1915, 10 A.M.

The meeting was called to order by the President, Dr. J. W. Humrichouse, at 10 a.m., and the program was carried out as follows:

1. The symptomatology and treatment of sacro-iliac strain, Dr. W. S. Baer.
2. Some recent foreign body cases: suspension laryngoscopy, Dr. R. H. Johnston.
3. Report of State Board of Medical Examiners, Dr. J. McPherson Scott.

The voting for the two members for the State Board of Medical Examiners at 12 o'clock resulted in the reelection of Dr. L. A. Griffith and the election of Dr. J. L. Riley of Snow Hill.

THURSDAY, APRIL 29, 1915, 2.30 P.M.

The meeting was called to order at 2.30 p.m. by the President, Dr. J. W. Humrichouse, and the program was carried out as printed except for the first two papers which were to have been given in the morning:

1. Treatment of pruritis ani, Dr. H. B. Stone.
2. Some interesting experiences in thyroid surgery, Dr. Alexius McGlannan.
3. A year's experience with Cesarean section, Dr. G. W. Dobbin.
4. Some impressions of Eastern Kentucky and the trachoma problem in that region, Dr. Herbert Harlan.
5. The early recognition of gastric cancer, Dr. Julius Friedenwald.
6. *Corynebacterium Hodgkini* as a pathogenic agent, Drs. C. E. Simon and C. C. W. Judd.
7. Dispensary abuse, Dr. Moses Savage.

An automobile trip was made to the Sheppard and Enoch Pratt Hospital for the out-of-town ladies and a delightful tea was served by the Trustees of the Hospital.

THURSDAY, APRIL 29, 1915, 8.30 P. M.

The Committee of Arrangments made a departure from the usual banquet or smoker, and gave a reception and dance for the members.

This was preceded by a demonstration of educational films under the auspices of the Committee on Public Instruction.

The dance was a great success and voted a most informal good time, while the refreshments were looked after by a committee of ladies from families of the city members, who in this way wished to return the hospitality extended by the county members at the semi-annual meetings.

## MINUTES OF THE HOUSE OF DELEGATES.

APRIL 27, 1915, 2 P.M.

The 49th meeting of the House of Delegates was called to order at 2 p.m. in the Small Hall of the Faculty Building on April 27, by the President, Dr. J. W. Humrichouse. There were present Drs. T. H. Brayshaw, H. L. Naylor, P. Briscoe, M. D. Norris, E. E. Wolff, W. S. Archer, L. A. Griffith, J. L. Riley, H. Friedenwald, S. McCleary, W. Brinton, J. T. King, J. M. H. Rowland, Guy Steele, G. M. Linthicum, H. Woods, D. Streett, Peregrine Wroth, Jr., J. W. Humrichouse, J. Ruhräh, W. S. Gardner, W. J. Todd, J. W. Williams, J. McP. Scott, G. L. Taneyhill and J. H. Pleasants.

The reports from the following officers were read, accepted and ordered filed.

*Report of the Secretary:* Dr. J. Ruhräh.

*Report of Board of Trustees:* Dr. W. Brinton.

*Report of Delegate to American Medical Association:* Dr. G. L. Taneyhill.

*Report of Committee on Scientific Work and Arrangements,* Dr. J. M. H. Rowland.

*Report of Treasurer:* Dr. W. S. Gardner. Printed in March Bulletin.

*Report of State Board Medical Examiners:* Dr. J. McP. Scott. This report was published in the BULLETIN for September, 1914 and February, 1915. It was moved

that the Secretary or President of the Board read the report submitted to the general meeting on the Thursday before election for members.

*Report of Library Committee:* Dr. J. W. Williams.

*Report of Finney Fund Committee:* Dr. H. Friedenwald.

*Report of Committee on Medical Education:* Dr. H. Harlan.

*Report of Public Instruction Committee:* Dr. Emil Novak.

*Report of Midwifery Committee:* Dr. Mary Sherwood.

*Report of Committee on Defense of Medical Research,* read by the Secretary.

*Report of Memoir Committee:* Dr. J. T. Smith.

*Report of Committee for Relief of Widows and Orphans,* read by the Secretary.

*Report of Committee on Post Graduate Work:* Dr. Peregrine Wroth, Jr.

The meeting then adjourned.

APRIL 28, 1915, 9 A.M.

The 50th meeting of the House of Delegates was called to order in the Small Hall of the Faculty Building at 9 a.m., April 28th, by the President, Dr. J. W. Humrichouse. There were present Drs. J. M. Spear, T. H. Brayshaw, H. L. Naylor, P. Briscoe, M. D. Norris, E. E. Wolff, W. S. Archer, W. R. Eareckson, F. B. Hines, L. A. Griffith, V. D. Miller, Jr., J. L. Riley, H. Friedenwald, S. McCleary, J. S. Davis, W. Brinton, J. T. King, J. M. H. Rowland, C. O'Donovan, Guy Steele, L. C. Carrico, R. Lee Hall, L. F. Barker, G. M. Linthicum, D. Streett, J. S. Bowen, Peregrine Wroth, Jr., J. W. Humrichouse, John Ruhräh, W. S. Gardner, W. J. Todd, J. W. Williams, G. L. Taneyhill.

The minutes of the previous meeting were read and approved.

The amendment to Article IX, Section 1, of the Constitution, by omitting the words "a Board of ten Trustees" and Chapter II of the By-Laws by omitting the entire Chapter relating to Trustees was discussed at some length by Drs. Ruhräh, Brinton, Todd, Linthicum, Taneyhill, Gardner and others, and was passed by a vote of 29 to 4. It was moved and seconded to place the poll of this vote on the minutes, and it was as follows:

Yeas: Drs. J. M. Spear, T. H. Brayshaw, H. L. Naylor, P. Briscoe, M. D. Norris, E. E. Wolff, W. R. Eareckson, F. B. Hines, L. A. Griffith, V. D. Miller, Jr., J. L. Riley, H. Friedenwald, S. McCleary, J. S. Davis, W. Brinton, J. T. King, J. M. H. Rowland, C. O'Donovan, G. Steele, L. C. Carrico, R. Lee Hall, L. F. Barker, G. M. Linthicum, J. S. Bowen, P. Wroth, Jr., J. W. Humrichouse, J. Ruhräh, W. S. Gardner, J. W. Williams.

Nays: Drs. W. S. Archer, D. Streett, W. J. Todd and G. L. Taneyhill.

Dr. Taneyhill's amendment to Article IX, Section 1, of the constitution changing the last half of the chapter to "and fifteen Councillors who shall be chosen as follows: two from the Eastern Shore, five from the Western Shore, outside of Baltimore City, and eight from Baltimore City" was unanimously passed.

The following nominations were then made:

*President:* Dr. J. W. Williams.

*Vice Presidents:* Drs. L. C. Carrico, M. D. Norris, J. A. Chatard.

*Secretary:* Dr. J. I. France.

*Treasurer:* Dr. W. S. Gardner.

*Committee on Scientific Work and Arrangements:* Drs. J. M. H. Rowland, A. M. Shipley, W. A. Fisher, Jr..

*Finney Fund:* Dr. John Ruhräh.

*Library Committee:* Drs. John Ruhräh, H. B. Jacobs, L. F. Barker, C. B. Gamble, R. B. Warfield.

*Councillors:* Eastern Shore, Dr. Guy Steele; Western Shore, Drs. T. B. Johnson, H. L. Naylor, W. J. Todd, E. B. Claybrook; City, Drs. D. Streett, W. Brinton, R. Winslow, H. B. Stone.

*State Board of Medical Examiners:* Drs. J. L. Riley, L. A. Griffith, A. H. Hawkins, H. G. Simpers, C. U. Smith.

The meeting then adjourned.

APRIL 29, 1915, 9 A. M.

The 51st meeting of the House of Delegates was called to order in the Small Hall of the Faculty Building, April 29, at 9 a.m., by the President, Dr. J. W. Humrichouse. The minutes of the previous meeting were read and approved. There were present Drs. H. L. Naylor, E. E. Wolff, J. M. Spear, L. A. Griffith, C. E. Collins, J. L. Riley, S. McCleary, J. S. Davis, W. Brinton, R. Lee Hall, L. F. Barker, G. M. Linthicum, J. S. Bowen, J. W. Humrichouse, J. Ruhräh, W. S. Gardner, G. L. Taneyhill.

The Secretary was instructed to answer a telegram received from Dr. Seale Harris, which contained greetings from the Southern Medical Association.

On the motion of Dr. Griffith, seconded by Dr. Taneyhill, the retiring Secretary be given a vote of thanks in appreciation of his ten years of service.

It was moved and seconded that the Secretary cast the ballot for all offices in which there was no contest, and this was done.

The following officers were then elected:

*President:* Dr. J. W. Williams.

*Vice-Presidents:* Drs. L. C. Carrico, M. D. Norris, J. A. Chatard.

*Secretary:* Dr. J. I. France.

*Treasurer:* Dr. W. S. Gardner.

*Committee on Scientific Work and Arrangements:* Drs. J. M. H. Rowland, A. M. Shipley, W. A. Fisher, Jr.

*Finney Fund:* Dr. John Ruhräh.

*Library Committee:* Drs. John Ruhräh, H. B. Jacobs, L. F. Barker, C. B. Gamble, R. B. Warfield.

*Councillors:* Drs. Guy Steele, D. Streett, W. Brinton, R. Winslow, H. B. Stone.

The ballot for the Councillors from the Western Shore was cast and Drs. H. L. Naylor and W. J. Todd were elected.

It was moved by Dr. Taneyhill, seconded by Dr. Brinton, that the Ex-Presidents of the Faculty be given the privileges of the floor of the House of Delegates, but without the right to vote. This was carried.

The meeting then adjourned.



## SECRETARY'S REPORT.

MEMBERSHIP		PAID IN ADVANCE			REINSTATED	TRANSFERRED	NEW MEMBERS	DECEASED	RESIGNED	REMOVED	DROPPED
1914	1915										
58	57	49	Allegany County Medical Society.....		1		6			4	4
21	18	15	Anne Arundel County Medical Society....				1	1	1		2
531	592	483	Baltimore City Medical Society.....		18		77	7	7	7	13
67	71	48	Baltimore County Medical Society.....		2	2	8	2	1	1	4
11	11	11	Calvert County Medical Society.....								
13	13	12	Caroline County Medical Society.....								
42	41	41	Carroll County Medical Society.....				1			1	1
26	25	24	Cecil County Medical Society.....				1	2			
1	1	1	Charles County Medical Society.....								
15	18	13	Dorchester County Medical Society.....		1	1	2				1
43	46	43	Frederick County Medical Society.....		2		6	1		2	2
17	14	10	Harford County Medical Society.....						1		2
14	14	12	Howard County Medical Society.....								
6	7	7	Kent County Medical Society.....		1						
38	38	38	Montgomery County Medical Society.....				3	1		2	
15	17	13	Prince George County Medical Society...		1	1	2				2
10	10	4	Queen Anne County Medical Society.....								
1	1	1	St. Mary's County Medical Society.....								
21	17	17	Somerset County Medical Society.....							2	2
15	15	14	Talbot County Medical Society.....		1						1
47	47	43	Washington County Medical Society.....				3				3
12	9	8	Wicomico County Medical Society.....								3
13	14	14	Worcester County Medical Society.....		1		1				1
10	7	3	Non-resident members.....						2		1
1047	1103	924			28	4	111	14	12	19	42

## TREASURER'S REPORT.

Printed in BULLETIN for March, 1915.

## BOARD OF TRUSTEES.

BALTIMORE, Md., April 26, 1915.

*To the President and Members of the House of Delegates of the Medical and Chirurgical Faculty of the State of Maryland:*

GENTLEMEN:

In accordance with Chapter II, Section 2, of the By-laws, the Board of Trustees offer the following report for the year 1914-1915.

The value of the property of the Medical and Chirurgical Faculty is estimated at \$100,000. It, with the increased library is fully insured against loss by fire. A Sewerage System has been completed during the past year at a cost less than had been estimated.

The representative of the Board will at the proper time, nominate Dr. Wilmer Brinton to succeed himself, his term of office expiring at this session.

At the last meeting of the Board of Trustees the legal status of the question raised by the resolution offered last annual meeting by Dr. Wilmer Brinton was discussed. The Delegate from the Board of Trustees was directed to consult the Attorney of the Faculty regarding the law concerning the same. Unfortunately I was not able to see Mr. Dennis, he being out of the city on business, and will not return in time for any report on this matter for this session.

Respectfully submitted,

WILLIAM J. TODD,  
*Delegate from the Board of Trustees.*

#### COUNCIL.

APRIL 27, 1915.

MR. PRESIDENT AND GENTLEMEN OF THE HOUSE OF DELEGATES:

Probably in no year, since the reorganization of the Faculty, has the Council had so little to do as during the one now closing. This is due to the complete organization of our work. Each Committee will report to you on its own work. The function of the Council has been to authorize some of this work, and to attend to such routine business as has come to its attention. There have been but four meetings of the Council since the last Annual Meeting. The first was devoted largely to arranging the year's work. We have been asked to defend four suits against members for alleged malpractice, and in each case the request was granted. Two suits pending at the last meeting have since been decided in favor of the physician, one of them being in a County Court. Of the four coming to the Council's attention since the last Annual Meeting, two have been settled to the satisfaction of the Defendants, and the others are pending. A word should be said in appreciation of the kindness of some of our members in voluntarily going, at their own expense, to help in these suits. They have done so often at great personal inconvenience.

The work of the Committee on Public Instruction will be presented by its own Chairman, and your attention is asked to the large scope of this work. The Faculty now owns its own moving picture outfit, and the Committee is using it to good purpose. In December last the Council saw its way to appropriating \$3,000 to the Building Fund, thus reducing our debt to \$23,000. An important matter is now before the Council, namely selecting a successor to the late Dr. Cordell as Faculty Historian. It is hoped that one of the comparatively few men with the ability and time needed can be secured soon. The members of the Council have been regular in attendance at the meetings.

Miss Noyes and her assistants have ever been ready to promote the interests of the Faculty.

Respectfully submitted,

HIRAM WOODS,  
*Chairman.*

#### REPORT OF THE DELEGATES FROM THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND TO THE AMERICAN MEDICAL ASSOCIATION.

MR. PRESIDENT AND MEMBERS:

Your delegate to the House of Delegates of the American Medical Association at Atlantic City, N. J., June 22, 1914, attended all the sessions of that body and carried out all the instructions ordered by this house.

Being an old member of the A. M. A. House he served on several important committees apparently to the satisfaction of the officers.

As per instruction from this House he opposed the requirement of one year hospital internship to determine eligibility to examination for licensure, and, was successful to the extent that the order was modified and its time to take effect extended.

Prof. William L. Rodman, a prominent surgeon of Philadelphia, who delivered the annual oration on *Gastric ulcer, its treatment*, before our Faculty in 1914 was, through the influence of his many friends among which are Marylanders, elected President on the first ballot, a compliment unprecedented as far as your delegate's knowledge goes, in the last twelve years.

The delegate to the A. M. A. House of Delegates who does his whole duty has no time to spend in sections or in entertainments. Pressing business is ever demanding his attention either in the frequent sessions or on committee work. When present in the convention city your humble servant has not absented himself from any sessions of the several meetings of the A. M. A. House of Delegates to which you have sent him as your representative.

All of which is respectfully submitted,

April 27, 1915.

G. LANE TANEYHILL.

#### REPORT OF THE LIBRARY COMMITTEE.

On behalf of the Committee I present below the report of the Librarian, and take great pleasure in calling attention to the very efficient work of Miss Noyes and her assistants.

Your Committee has attempted to conduct the Library efficiently as the limited means at its disposal permits, but it has been compelled to limit its purchases almost entirely to periodicals and to systems of medicine and its allied branches which are so expensive as to be beyond the means of many of our younger members. Owing to a decrease in the subscriptions to the Frick Fund, it has been necessary to be even more than usually economical in the purchase of new books.

We wish to emphasize strongly the urgent need of additional funds for this latter purpose, and to suggest that no more suitable memorial to deceased members can be conceived than the establishment of small funds bearing their names, whose proceeds could be expended for the purchase of books upon the subject in which they are particularly interested.

The Faculty is under renewed obligations to the subscribers to the Book and Journal Club, and your Committee desires to express its appreciation of the untiring efforts of the Treasurer of the Club, Dr. Chatard, in furthering the interests of the Library.

The Finney Fund Committee has met jointly with our Committee, and it is believed that still further unification may be effected by the election of additional interlocking members.

Respectfully submitted,

J. WHITRIDGE WILLIAMS,  
Chairman.

#### LIBRARIAN'S REPORT, 1914.

MR. CHAIRMAN AND MEMBERS OF THE LIBRARY COMMITTEE:

A reflex of the great European war was felt very decidedly in all departments of our library work for the latter part of 1914. The cessation or irregularity of a large part of the journals from abroad has been a serious handicap and was probably

directly responsible for the falling off in usage noted in the latter months of the year. The number of those using the Library has fluctuated for the past few years, reaching a low mark in 1912 and rising again in 1913, but the total for 1914 was lower than at any time in the eighteen years such statistics have been kept. The number of readers for the year was 2,743 a loss of 342 from last year, and the number of books borrowed for home reading was 1,379, a loss from the preceding year of 377. This condition is not local as the reports from other medical libraries show a similar decrease in attendance. Many physicians, who have their journals sent direct by mail from the publishers, have received them with greater regularity than we have, but most libraries order through an agent, who is responsible for the delivery of the journals as published and these agents have recently been unwilling to ship packages for fear of confiscation. They recommend holding the material for a few months, and suggest that "the A. L. A. and all thereby affected, individually, are invited to file protests with the State Department and demand that books and periodicals, being of great importance to libraries and students, should be allowed to pass."

Financially the Library has suffered, as will be seen from the appended report for the Frick Library. Nevertheless the work has gone steadily on and much of the back work has been caught up. No absolutely accurate count of our collection may be given until all the files of bound journals are accessioned. This is being done by the night clerks, and is nearly completed.

Feeling that the right type of attendant could not be procured when expected to give up every evening in the month except two, a change was made last autumn when two clerks were employed who alternate, thus dividing the time equally. This has been found to be very satisfactory from every point of view, and, in addition to attendance upon the readers, the night clerks have collated all the journals that are bound, accessioned books and in their spare time have helped out with the office work when needed.

One of these clerks, Miss Cherry, helps with the Exchange of the Medical Library Association, which is housed in our building, and of which your Librarian is Manager. The administrative work of the Exchange is shared by Miss Riebling and Miss Reid, who have brought it to a state of great efficiency. Under this system of administration twice the amount of material has been distributed at less than half the cost, as compared with the two years during which a regular assistant was employed. Miss Cherry is available whenever required for sorting books, and the clerical work and apportionment of material is done by our assistants.

The splendid portrait of Dr. S. C. Chew, by Miss Keller, was presented to the Faculty by a group of physicians and former students. This is a great addition to our collection. Many books and journals have been added during the year from the following sources:

The donations for the year are as follows:

*Books:* American Association for Genito-Urinary Surgeons, 1; American Association for Study and Prevention of Infant Mortality, 1; American Association of Obstetricians and Gynecologists, 1; American Climatological Association, 1; American Gastro-Enterological Association, 1; American Gynecological Society, 2; American Laryngological Association, 1; American Laryngological, Rhinological and Otological Society, 1; American Library Association, 2; American Pediatric Society, 1; American Proctologic Society, 1; Association of American Physicians, 1; Baltimore Health Department, 1; Dr. L. F. Barker, 34; Dr. J. C. Bloodgood, 1; Boston City Hospital, 1; Dr. W. M. Brickner, 1; Carnegie Endowment for International Peace, 2; Carnegie Foundation for Advancement of Learning, 1; College of Physicians of Phila-



delphia, 1; Congress of American Physicians and Surgeons, 1; District of Columbia Health Department, 1; Dr. S. T. Earle, 1; Enoch Pratt Free Library, 6; Dr. J. M. T. Finney, 24; Frick Fund, 128 (17 v. from Sir William Osler, 1 v. from Sir George Savage, 2 v. from Dr. T. McCrae, 9 v. from Dr. H. B. Jacobs, and 99 v. by purchase); Dr. H. Friedenwald, 13; Mr. H. J. Fuller, 1; Dr. T. B. Futcher, 79; Grand Rapids Public Library, 1; Hawaiian Medical Society, 1; Dr. J. Hemmeter, 1; Dr. J. W. Humric-house, 2; Interstate Commerce Commission, 1; John Herr Musser Department of Research Medicine, University of Pennsylvania, 1; Library of Congress, 2; Dr. G. M. Linthicum, 12; Manhattan Eye, Ear and Throat Hospital, 1; Massachusetts General Hospital, 1; Dr. J. E. Mears, 1; Medical Library Association, 4; Merck & Co., 1; New Hampshire Medical Society, 1; New Jersey State Board of Health, 1; New York, Bellevue and Allied Hospitals, 1; New York Committee on Inquiry into the Departments of Health, Charities and Bellevue and Allied Hospitals, 1; New York Department of Health, 1; New York Surgical Society, 1; Parke, Davis & Co., 1; Mr. E. B. Phelps, 1; Mr. H. Phipps, 1; Dr. A. C. Pole, 10; Rhode Island Medical Society Library, 1; Rockefeller Institute for Medical Research, 2; Dr. J. Ruhräh, 9; Dr. T. E. Satterthwaite, 1; W. B. Saunders & Co. (through the Bulletin), 6; Dr. C. E. Simon, 1; Society of New York Hospital, 1; Mrs. Samuel Stein, 8; Surgeon-General's Library, 2; Dr. W. S. Thayer, 13; Dr. S. Theobald, 21; United States Bureau of Education, 2; United States Public Health Service, 3; United States Superintendent of Documents, 5; Dr. G. L. Wilkins, 13; William Pepper Laboratory of Clinical Medicine, University of Pennsylvania, 1; Dr. J. W. Williams, 6.

*Reprints, Monographs, etc.:* Dr. W. S. Bainbridge, 10; Dr. L. F. Barker, 30; Bibliothek der Colner Akademie für Praktische Medizin 25; Dr. J. C. Bloodgood, 1; Boston City Hospital, 1; Dr. W. M. Brickner, 12; Dr. K. Bulkeley, 3; Dr. C. M. Byrnes, 1; Dr. J. G. Callison, 1; Drs. J. A. Chatard and C. G. Guthrie, 1; Dr. C. A. Clapp, 3; Dr. L. Cohen, 1; Dr. S. S. Cohen, 2; Dr. L. G. Cole, 8; Collis P. Huntington Memorial Hospital for Cancer Research, 1; Dr. S. W. Davis, 1; Dr. W. H. Dittenbach, 1; Dr. A. Duane, 3; Dr. I. Dyer, 4; Enoch Pratt Free Library, 15; Dr. H. Fox, 5; Dr. H. Friedenwald, 552; Georgia Medical Society, 5; Hawaii Board of Health, 1; Drs. W. F. Honan and J. W. Hasler, 1; Dr. L. M. Hubby, 1; Dr. H. B. Jacobs, 1; Jefferson Medical College, 1; John Crerar Library, 1; Königliche Universitäts-Bibliothek, Göttingen, 53; Dr. J. Krauss, 4; Leland Stanford Junior University, 1; Dr. D. I. Macht, 1; Dr. G. H. Mackuen, 6; Dr. E. Mayer, 4; New York Board of Estimate and Apportionment, 5; New York Committee on Prevention of Tuberculosis, 1; New York Pathological Society, 6; New York Society of Lying-in Hospital, 1; New York State Board of Health, 1; Dr. I. Ott, 2; Pathological Society of Philadelphia, 1; Peabody Library, 25; Dr. V. C. Pederson, 3; Peter Bent Brigham Hospital, 9; Dr. A. J. Quinby, 1; Rockefeller Sanitary Commission, 1; Dr. C. W. G. Rohrer, 2; Dr. J. Ruhräh, 13; Dr. A. Schachner, 1; South Baltimore Eye, Ear and Throat Charity Hospital, 1; Dr. R. E. Swigart, 2; Thompson-McFadden Pellagra Commission, 1; Dr. W. S. Thayer, 73; Dr. F. B. Tiffany, 2; Dr. L. McL. Tiffany, 651; United States Public Health Service, 23; United States Superintendent of Documents, 5; University of Philippines, 1; Dr. L. F. Watson, 10; Western Reserve University, 1; Dr. J. W. Williams, 3; Dr. E. Zueblin, 2.

*Miscellaneous unbound journals:* Dr. L. F. Barker, Dr. V. H. Bassett, Dr. T. Burrow, Dr. DeW. Casler, Dr. J. A. Chatard, Dr. T. S. Cullen, Dr. S. T. Earle, Enoch Pratt Free Library, Dr. J. M. T. Finney, Dr. H. Friedenwald, Dr. W. S. Halsted, Dr. L. V. Hamman, Mrs. J. L. Ingle, Dr. H. B. Jacobs, Dr. H. E. Knipp, Library of Congress, Dr. A. C. Pole, Dr. J. Ruhräh, Dr. M. Sherwood, Dr. W. S. Thayer, Dr. S. Theobald, Mrs. R. A. Urquhart, Dr. W. E. Wiegand, Dr. J. W. Williams.

The record of current journals for the year is as follows:

Subscribed to by the Faculty.....	73
Subscribed to by the Book and Journal Club.....	48
By Exchange.....	62
Baker Fund.....	3
Finney Fund.....	20
Frick Fund.....	1
Gift of the American Medical Association.....	4
Gift of Dr. L. F. Barker.....	1
Gift of Dr. C. M. Byrnes.....	1
Gift of Dr. H. Friedenwald.....	1
Gift of Sir William Osler.....	2
Gift of Dr. John Ruhrah.....	9
Gift of United States Public Health Service.....	2
Gift of Dr. J. W. Williams.....	2
	<hr/>
	229

276 books and journals were bound during the year.

Respectfully submitted,

MARCIA C. NOYES,  
*Librarian.*

#### FINANCIAL STATEMENT.

##### FINNEY FUND, 1914.

###### *Receipts.*

Balance, December 31, 1914.....	\$123.69
Income.....	460.00
Interest.....	10.86
Total.....	<hr/> \$594.55

###### *Expenses.*

Binding.....	\$26.25
Subscription to journals (21 files).....	317.82
Books (24 v.).....	112.39
Total.....	<hr/> \$456.46

Balance.....	\$138.09
Books purchased.....	24

HARRY FRIEDENWALD,  
*Chairman.*

#### JOURNALS SUBSCRIBED TO BY FINNEY COMMITTEE.

American Journal of Orthopedic Surgery.  
Annals of Surgery.  
Archiv für Klinische Chirurgie.  
Beiträge zur Klinische Chirurgie.  
British Journal of Surgery.  
Bulletin de la Soc. d'Obstetrique de Paris.

Centralblatt für Chirurgie.  
 Centralblatt für die Grenzgebiete der Medizin und Chirurgie.  
 Deutsche Zeitschrift für Chirurgie.  
 Folia Urologica.  
 Frommels Jahresbericht für Gynaekologie.  
 International Abstract of Surgery (In Surgery, Gynecology and Obstetrics).  
 Journal d'Chirurgie.  
 Mittheilungen a. d. Grenz. der Medizin und Chirurgie.  
 Monatsschrift für Geburt und Gynaekologie.  
 Monatsschrift für Ohrenheilkunde.  
 Revue de Chirurgie.  
 Revue de Orthopedie.  
 Surgery, Gynecology and Obstetrics.  
 Zeitschrift für Geburt und Gynäkologie.  
 Zentralblatt für die Gesamte Gynäkologie.

#### BOOKS PURCHASED BY FINNEY COMMITTEE.

Kelly, S. W., Surgical diseases of children. 1914.  
 Keen, W. W., and White, J. W., eds. American text book of surgery. 4th ed. 1907.  
 Neue Deutsche Chirurgie. 13 v. 1912-1914.  
 Katz, L., et al., eds. Handbuch der Speziellen Chururgie des Ohres. 4 v. 1912-1913.  
 Wood, C. A., ed. American Encyclopedia of Ophthalmology. v. 3-4. 1914.  
 Verhandlungen der Deutschen Ges. für Gynakologie. 2 v. 1913-1914.  
 Ashhurst, A. P. C. Surgery. 1914.

#### REPORT OF COMMITTEE ON MEDICAL EDUCATION.

Medical education has been making its accustomed rapid strides since the last meeting of this Faculty. The number of Medical Schools in the United States is still diminishing and is now less than 100.

Ten years ago there were nine in this city, namely: University of Maryland; College of Physicians and Surgeons; Baltimore Medical College; Baltimore University School of Medicine, Johns Hopkins University; Maryland Medical College; Southern Homeopathic College, later called the Atlantic Medical College; and the Medical and Chirurgical and Theological College of Christ's Institution; and in 1912 there was started the Eastern University School of Medicine (Eclectic), the following year, in the fall of 1913, the name of this was changed to the Maryland College of Medicine and Surgery, which also lasted one year and has been discontinued.

At this time there remain three; the University of Maryland, College of Physicians and Surgeons, and Medical School of the Johns Hopkins University.

It is a source of congratulation that there should be no Medical Schools in Maryland rated lower than Class A.

The last college year was marked by the enforcement of a new standard of entrance requirements for colleges to be graded as acceptable by the Council on Education of the American Medical Association, by the Association of American Medical Colleges, and by a large number of states, these requirements being, in addition to the four years' high school, the completion of one year of college work in Chemistry, Biology, Physics and a modern language. These requirements have been strictly enforced in the three Maryland schools, and has resulted, as will be seen from the

report of the Medical College Entrance Examiner, in somewhat smaller classes in the College of Physicians and Surgeons and the University of Maryland.

By the Maryland Legislature of 1914 a new section was added to the Public Educational Law, which has, so far, not received the attention its importance deserves. Part of the bill reads as follows:

"15, 1-2. The State Board of Education shall, within one year after the passage of this Act, prescribe minimum requirements for the issuing of the various academic, collegiate, professional or university degrees which it is the custom for the educational institutions within the United States to issue, and said Board shall have authority to modify said requirements from time to time as generally accepted standards may change, provided no educational institutions shall be required to comply with standards fixed by the State Board of Education for the issuing of degrees until one year after the publication of said standards by said Board. No public or private educational institution shall issue any academic, collegiate, professional or university degree without first having obtained the assent of the State Board of Education of Maryland, and the approval of said Board of the conditions of scholarship, study and residence upon which said degrees are issued."

The effects of this law are, or ought to be, very far reaching, but its enforcement depends on the State Board of Education, and this Board has, so far, shown very little inclination to proceed with the establishing of standards for the various educational institutions.

In October last, at the request of Governor Goldsborough, who is ex-officio the Chairman of this Board, the Medical College entrance examiner and the writer attended a meeting of the Board in Annapolis for the purpose of explaining to the Board some of the provisions of the law and what would be necessary. The Board at that time ordered the whole question to be referred to the Attorney General for a legal opinion.

Five or six weeks passed and the Attorney General had not heard anything about the matter. Then on the attention of the Governor being called to the matter again it was explained that it was an oversight on the part of the Secretary or his assistant. The Attorney General gave his opinion that the law was broad enough to cover all the points raised by the Board. It was then promised that the matter should be passed on at the meeting of the Board on March 3. Nothing was heard from it and ten days ago a letter was written to the Secretary, from which no answer has, as yet, been received.

Inasmuch as all these standards must be established, in accordance with the law, before August 1, 1915, it would seem that the prospect of any efficient action by the present State Board of Education is very remote.

HERBERT HARLAN,  
*Chairman.*

#### REPORT OF THE MEMOIR COMMITTEE TO THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

APRIL 27, 1915.

G. Irwin Barwick, A.B., A.M., M.D., was born in Kent County, Md., March 28, 1869. In 1891 he received the degree of A.B., and later that of A.M., from the Western Maryland College. The University of Maryland conferred upon him the degree of M.D., in 1894. He died July 25, 1914, aged 45 years.



Walton Bolgiano, A.B., M.D., was born in Baltimore, Md., November 25, 1868. In 1889 he received the degree of A.B. from Johns Hopkins University and in 1892 the degree of M.D., from the University of Pennsylvania.

He was Physician to the Hospital for Consumptives, 1897-1898; lecturer on osteology in the Baltimore Medical College, 1895-1899, and demonstrator of operative surgery in the same institution, 1897-1899.

He was a member of this Faculty for fourteen years.

He died in Baltimore August 21, 1914, aged 46 years.

Samuel Claggett Chew, A.B., A.M., LL.D., M.D., was born in Baltimore, Md., July 26, 1837. His father was the celebrated Samuel Chew who occupied the chair of *Materia Medica* in the University of Maryland. His mother's maiden name was Henrietta Scott. He obtained his literary education at Topping's School, one of the best for boys in the city, and from Princeton College; in 1856 the latter institution conferred upon him the degree of A.B. and in 1859 that of A.M. He entered upon the study of medicine at the University of Maryland and in 1858 was given the degree of M.D. from that institution. His father having died December 25, 1863, he was called upon to complete the course of lectures on *Materia Medica* and in 1864 he was elected to that chair, this he held until 1866 when he was elected to the chair of Practice of Medicine made vacant by the death of Professor McSherry. In 1864 he visited Europe in the interests of the University. From 1874 to 1879 he was Dean of the Medical Department of the University of Maryland and was twice elected President of the Alumni Association, 1877-1878; 1893-1894. He was twice elected Vice-President of the Medical and Chirurgical Faculty of Maryland, 1873-1874; 1877-1878 and twice its President, 1879-1880; 1898-1899, the second term being for the Centennial Year.

He was Surgeon-General of the Society of Colonial Wars of Maryland; Consulting Physician to the Johns Hopkins Hospital; President of the Board of Trustees of the Peabody Institute.

He completed a work on Medical Education which his father left unfinished; he was the author of a section in Pepper's *System of Medicine* and in 1906 he published a volume of "Addresses" made by him on "several occasions," among them being one on Nathan Ryno Smith.

He died at his home in Roland Park, Md., March 22, 1915, aged 78 years.

We cannot close this report more appropriately than by adding the Minute adopted by your Committee at the time of his death.

"The members of the Medical and Chirurgical Faculty of Maryland upon receiving the sad news of the death of Dr. Samuel Claggett Chew adopted the following and directed that it be placed on record and a copy sent to the family of the deceased:

"It is with feelings of profound sorrow and deep regret that we, the members of the Medical Faculty, are called upon to record the death of Dr. Samuel Claggett Chew.

"He was an active and influential member of this body for many years, twice elected Vice-President (1873-1874; 1877-1878), and twice its President (1879-1880; 1898-1899). He served this Faculty with zeal and energy, giving to its affairs the best of his care and attention in many of its darkest hours, in those days, when the Faculty was struggling under financial and other burdens, his good judgment and his calm and broadminded grasp of the situations were potent factors in keeping the organization alive and the Faculty is what it is to-day in no small measure because he lived and labored for its advancement.

"He was a man of strong convictions and determination of character and while he was able to deeply impress and influence his fellows so great was his charm of manner and sincerity of purpose that he commanded the love, honor and respect of his fellow members, which they evinced by bestowing upon him an honor accorded to none other in that he was elected President for two terms, the second being the Centennial Year.

"He had the highest ideals concerning his profession and nothing ever induced him to depart from them, he was always striving to develop the best that was in him and while tolerant of the weaknesses and frailties of others endeavored to turn them from grovelling and sordid ways.

"Kind and sympathetic though he was, he never allowed these qualities to overmaster the right: his was a life in which the guiding star was truth and in all his actions and dealings with his professional associates, as well as all others, he did right for its own sake, nothing, neither money, power, influence nor anything that men hold most dear, could tempt him to swerve from what he believed to be right.

"He kept himself under control and was not swayed by passion nor prejudice, he took a calm, dispassioned view of life and, therefore, was a good counselor, in the counsels of this Faculty he rendered valuable services and was a power for good to the young men who joined this body because they always found in him a safe guide to the best road to professional success.

"He was an ardent upholder of the tenets of his profession and he taught them at all times by precept and example and the acts of his life were characterized by the highest ethical culture. Professional ethics even to the smallest details were part and parcel of his life and all who were brought into contact with him or called him in consultation were treated to the best a Christian gentleman could give.

"Thus it will be seen, and much more might be said, that this Faculty has lost a valuable and influential power for good in the removal by death of Dr. Samuel Claggett Chew and while we mourn his loss greatly our sympathies go out to his wife and family and the many friends he has left behind, to each and all of whom we would extend our sympathy in the great sorrow which has come upon them."

It seemed best to the Committee in reporting upon the death of Dr. Claggett to record the Minute adopted by the Frederick County Medical Society at the time of his death:

"Dr. Samuel Claggett was the great-grandson of Bishop Claggett of Maryland, the first Protestant Episcopal Bishop ordained in America.

"He was born near Petersville, January, 1873. He was educated at Rockville College and St. John's College, entered the University of Maryland in 1894, graduated in medicine 1898. He settled at Oakland near Petersville, and built up a large practice there. In April, 1906 he married Miss Jeannette Chew, daughter of Thomas J. Chew of Virginia.

"Dr. Claggett was a surgeon on the B. & O. R. R.; a member of the Medical and Chirurgical Society of Maryland and American Medical Association. He was a vestryman of St. Mark's Protestant Episcopal Church, always a regular attendant and took an active part in all church affairs. He made a great many friends, indeed all who knew him respected and loved him.

"He with his wife and three interesting children had just moved into a handsome new residence which he had built when he was stricken with Bright's Disease and although the most skilled of his profession did all they could to relieve him, he died at the University of Maryland Hospital on July 9 last.

"Resolved that in the death of Dr. Samuel Claggett the Frederick County Medical Society lost a most valued and faithful member, a regular attendant and one who always had the good of the Society at heart.

"Resolved, this resolution be spread on the minutes.

E. L. BECKLEY,  
LEVIN WEST,  
H. S. HEDGES."

He died July 9, 1914, aged 41 years.

Henry Tucker Harrison, M.D., was born in Martinsburg, W. Va., on June 12, 1844. He entered the Confederate Army at the age of eighteen and served for three years, after which he entered Hampden-Sydney College where he graduated. He then entered the University of Maryland and graduated in medicine in 1874. He married Miss Marion Jenifer of Baltimore County, Maryland, in 1877.

He was a member of the Phi Kappa Psi and the Baltimore County Medical Association. He was physician for the Maryland School for Boys at Loch Raven, Md., for several years.

He died of pneumonia at his home "Rose Hill," on the Harford Road, Baltimore County, Md., on March 4, 1914, aged 70 years.

Robert Hoffmann, M.D., was born in Babenhausen, Germany, June 4, 1859.

He received his literary education in private schools in Darmstadt. His medical education was obtained at Wurzburg, Germany. After graduation he served as surgeon for the North German Lloyd S. S. Co. for several years; he practiced for a short time in Germany and then was induced by the late Dr. Salzer to come to Baltimore which he did in 1889. He devoted himself to private practice, making a specialty of diseases of the stomach. His recreation was music, of which he was passionately fond.

He died of apoplexy, April 25, 1915, aged 56 years. He was loved and highly respected by all who knew him.

J. H. Housekeeper, M.D., was born in 1858, and died May 13, 1914, aged 56 years.

John H. Jenness, M.D., was born in Cecil County, Md., September 15, 1862. He received his literary education at West Nottingham Academy and at St. John's College. The University of Maryland conferred upon him the degree of M.D., in 1887.

He was a member of the legislature in 1898.

He was a member of this Faculty seventeen years.

He died March 27, 1915, aged 53 years.

W. E. Magruder, M.D., was born in 1832. He resided near Sandy Spring, Md., and practiced his profession in that locality for 52 years, having graduated before he was of age.

He was a man much above the average, of remarkable physical endurance and strong mentality. He was regarded as an authority on horticulture.

He died July 13, 1914, aged 82 years.

Horace Wilfred Nicholson, M.D., was born in 1880.

He established himself in practice at Salisbury, Md., limiting his work to diseases of the eye, ear, and throat.

He died April 14, 1915, aged 35 years.



Rupert Norton, M.D., was born at Cambridge, Mass., July 21, 1867. He was the son of Prof. Charles Eliot Norton. He graduated from Harvard University in 1888, and later studied medicine in Germany and in Boston and received the degree of M.D., from the Harvard Medical School in 1893.

He first served in a children's hospital in Boston for a few months but later in the year was appointed an assistant in medicine at the Johns Hopkins Hospital, and served faithfully for two years at the end of that time he began the practice of his profession in Washington, D. C. At the outbreak of the Spanish-American War in 1898 he entered the service of the government and was appointed to work in one of the laboratories of one of the large southern camps, where he remained until the close of that war. He was appointed medical officer of the New York Mutual Life Insurance Co. in Paris where he remained until 1906 when the company discontinued its work owing to unfriendly legislation. In 1907 he was made Assistant Superintendent of the Johns Hopkins Hospital and filled that position until his death.

During most of these years he had charge of the editorial work of the *Johns Hopkins Bulletin* and the *Johns Hopkins Report*. He was eminently well fitted for this work because of his accurate and pains-taking scholarship. It is evident that he was well adapted to editorial work, and had his life been spared he would unquestionably have filled an important place in it. His published writings although few, were on topics connected with medical education or hospital management, and were marked by clearness of thought, sincerity and frankness of expression. For many years also the "Notes on New Books" in the *Bulletin of the Johns Hopkins Hospital* were largely written by him and showed him to be a conscientious and discriminating reviewer.

He was the soul of honor, honesty and uprightness with high ideals of personal service. He was warmly interested in the social service of the hospital and gave much thought and time to it. He was kind to the poor and generous to those who needed aid or charitable consideration. He was a loyal and devoted friend and, although by nature modest and reserved, the honor and reputation of a friend were as cherished as his own. Professor Thayer, his life-long friend, has well said of him, "When we look back on his career, we shall remember his simplicity, his modesty, his upright, uncompromising honesty of purpose and word and practice, his delicate charm of mind, his varied attainments, interests and abilities, his faithful work in many capacities but, above all, we shall remember the rare beauty of his friendship."

He died at the Johns Hopkins Hospital June 19, 1914, aged 47 years.

George Brown Reynolds, M.D., was born in Cumberland County, Va., October 26, 1846. He received his literary education at the University of Virginia. In 1872 the Washington University, Baltimore, Md., gave him the degree of M.D.

He was Resident Physician at Bay View Asylum, Baltimore, 1872-1873; Resident Physician Washington University Hospital 1873-1876; Vaccine Physician 1874-1875; Demonstrator of Anatomy, Washington University, Baltimore 1873-1876; Visiting Physician Bay View Hospital, Baltimore 1876-1883; Physician to the Boys' Home; Consulting Physician to the Hospital for Consumptives and Medical Examiner for Royal Arcanum.

He died in Baltimore, October 21, 1914, aged 68 years.

George Barr Scholl, M.D., was born in Baltimore, Md., March 20, 1875.

He obtained his literary education at the Baltimore City College and the Johns Hopkins University. In 1902 he received the degree of M.D. from the Johns Hopkins Medical School.



He was Health Warden of the 16th ward 1903-1911; Professor of Pathology, Bacteriology and Clinical Microscopy in the Maryland Medical College, 1904-1911; at the time of his death he had charge of the laboratory of the Baltimore Eye, Ear and Throat Hospital. He was connected for some time with the Johns Hopkins Hospital and later took a special course at the University of Toronto in the preparations of serums in which work he was considered an expert.

"During his college life in the Baltimore City College and at the Johns Hopkins he proved himself an all-around athlete, breaking many records and winning seventy-six cups, medals and other trophies." A few of the positions he held will be of interest; Editor-in Chief of Hopkins *Hullabaloo*; Director of Athletic Association; Manager of Hockey Team; Chairman of Tennis Committee; President of Class; Chairman of Committee on Field Day Games. He possessed a fine baritone voice and was soloist and musical director in several of the city churches.

President Soper of the Board of Education wrote, "Your son was beloved by all the teachers in the City College. His disposition, his varied talents and his nobility of character won our hearts." Dr. Hoffman wrote, "He was an example of true, conscientious manhood....."

He died of acute meningitis July 9, 1914, aged 39 years.

James S. Woodward, M.D., was born in Washington, D.C., July 25, 1855. He received his literary education at Gonzaga College, Washington, and Holy Cross College, Worcester, Mass. In 1880 he received the degree of M.D. from Columbian University, Washington.

He spent seven and one-half years in the government service among the Indians; he was Assistant and Resident Surgeon and Physician for the Maryland Steel Co. at Sparrows Point.

He was a member of the Faculty for seventeen years.

He died March 29, 1915, aged 60 years.

Joseph Muse Worthington, M.D., was born in Anne Arundel County, Md., December 16, 1848. He received his literary education at the School of Letters and Sciences University of Maryland and at Maryland Agricultural College. In 1868 he received the degree of Ph.G. from the Maryland College of Pharmacy. He was a pupil of Prof. Nathan R. Smith and was given the degree of M.D. by the University of Maryland in 1872.

He was Health Officer of Anne Arundel County and Physician to the County Jail, 1892-1900.

In 1872 he invented an anaesthetic table; in 1873 he suggested the employment of general bovine vaccination; in 1876 he invented a prescription counter and in 1877 suggested a Contagious and Infectious Act for public schools.

He died in 1914, aged 66 years.

Respectfully submitted,

JOSEPH, T. SMITH,

T. B. JOHNSON,

ALBERT SHELLEY,

GEORGE L. WILKINS.

*Committee.*

## WIDOWS AND ORPHANS COMMITTEE.

BALTIMORE, April 20, 1915.

*To the House of Delegates, Medical and Chirurgical Faculty, State of Maryland.*

The Committee on "Fund for Widows and Orphans" submits the following report.

During the year from April 15, 1914, to April 15, 1915, help was given to one applicant, to the amount of \$7.15 by the Chairman of the Committee for last year.

The same applicant has again applied for assistance, and a box is now being prepared for her.

As will be seen by the Treasurer's report, only a small part of the income from this fund has been used.

Respectfully submitted,

CHARLES E. SADTLER,  
*Chairman of Committee.*

## THE CAMBRIDGE HEALTH CONFERENCE

The woes of a peripatetic medical showman are numerous. Like any other proprietor of a "grate moral and religious show" he is dependent upon an audience for his success, and while the gate money of the Aesculapian exhibitor is neither silver or gold, if those who are to profit by his exhibition are conspicuous by their non-appearance, the returns are so much less apparent. This was the case at Cambridge, where the Faculty's Public Health Exhibit, plus an attractive program of health talks, held forth, May 17, 18 and 19, under the auspices of the Dorchester County Sanitation League.

A large, vacant store on one of the main streets was generously donated for the Exhibit, and the room on the second floor, seating nearly two hundred people was utilized for the afternoon and evening meetings with the exception of that held for the colored citizens of the town, which was held in a large moving picture theatre in the center of the colored district.

The Exhibit was ready for visitors by 2.30 p.m. Monday, May 17, and notwithstanding a large sign over the doorway, many people came in and wanted to know if it was some new kind of patent medicine show with free samples on the side. The night meeting had to run opposition to a moving picture film of Annette Kellerman, up the street aways, which may account for the small audience that saw our films and heard a witty address by Mr. T. W. Simmons upon the subject "Objects of a Health Conference."

Mr. Emerson C. Harrington, who was expected to speak upon this subject was unable to be present and Dr. Carroll could not come owing to a professional engagement, all of which was somewhat disappointing.

Dr. Wm. R. Stokes held his audience Tuesday afternoon with an interesting address on the "Fly and Mosquito," following a moving picture film called the "Fly Pest." Dr. Goldsborough was called from the town to make a post-mortem on a murdered woman, which cut out his address and added another disappointment to those already noted.

It was estimated that one hundred ladies and gentlemen gathered for the Tuesday night meeting, at which Dr. E. E. Wolff, the town health officer not only had to apologize for the absence of Dr. Lumsden, but take his place speaking on the subject of "Triumphs of Preventive Medicine."

Dr. Fort followed with an address on "Medical Inspection of Schools" which created considerable discussion.

Professor Noble, Principal of the Cambridge High School, gave a half holiday to his pupils of both sexes Wednesday afternoon, and the youngsters filled the room. Moving pictures were shown, "The Evils of Alcohol" and "The Man who Learned," after which Dr. Fannie E. Hoopes of Baltimore, made a most impressive and interesting address on "Care of the Teeth" illustrated with slides and amusing anecdotes. Dr. Fort followed with a short talk on "Good and Bad Germs."

The night meeting as before stated was held in a moving picture theater and at 8.30 p.m. it was crowded with a colored audience. The film, "Evils of Alcohol" was first shown, after which Miss Balmer, the Cambridge visiting nurse spoke and urged the formation of mothers' and young girls' clubs, for the purpose of instruction in elementary hygiene and care of the home and children.

Dr. Harry S. McCard, a prominent colored physician of Baltimore, spoke next on the general subject of "Preventive Medicine," closing his remarks with an appeal for the formation of a county health association and affiliation with the State Colored Health Association organized last March.

While the attendance of white citizens was small, the interest displayed by the school authorities and the High School pupils was more than satisfactory. The seed sown for the benefit of the colored people ought and undoubtedly will produce good results. If a colored health association is formed and Miss Balmer's suggestions are carried out, the Conference will not have been in vain. It remains for the Committee on Public Instruction to see that this crop is carefully cultivated and brought to harvest.

Dr. E. E. Wolff, Health Officer of Cambridge, Dr. E. A. Jones, Deputy Health Warden for the 9th Sanitary District, and Dr. Guy Steele, worked with untiring energy to make the Conference a success and deserve the thanks of the Faculty for their good work. It is no reflection upon them that the good people of Cambridge did not respond to their opportunity for learning how to keep well, and had it not been for their interest, the meeting would have been much less successful than it was.

#### NEWS ITEM

The Summer Meeting of the Cecil County Medical Society was held at the Union Hospital, Elkton, Maryland, on Thursday, July 15, 1915, at 11 a. m.

The subjects for discussion were—"Medical Treatment of Hemorrhages;" "The Need of a Maternity Hospital in Cecil County."

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OF THE

## Medical *and* Chirurgical Faculty of Maryland



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Vol. VIII

SEPTEMBER, 1915

No. 3

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VOLUME II

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Component Societies of the Faculty, with a list of their officers and times of meeting

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# THE BULLETIN

OF THE

## MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

PUBLISHED MONTHLY

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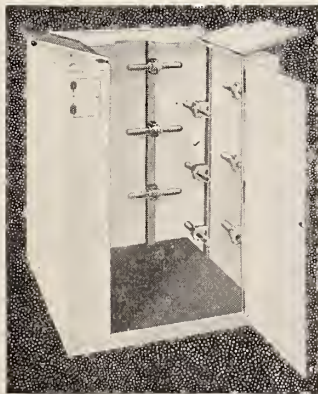
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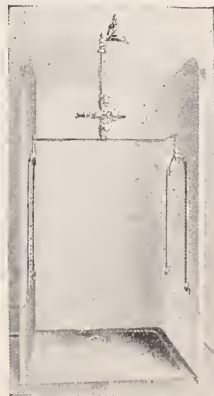
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# THE BULLETIN

OF THE

## MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

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NOTE: The Publication Committee desires to receive suggestions from members of the Faculty that will in any way improve the Bulletin.

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VOL. VIII

BALTIMORE, SEPTEMBER, 1915

No. 3

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### A "RAMBLE."

#### PROPOSED "MEDICAL BUILDING."

The name of the architect who had indicated a willingness to promote and construct a modern office building for Baltimore physicians was not mentioned in the editorial in the August BULLETIN, nor was it known outside of the Bulletin office. It was quite interesting therefore, to read in a Sunday edition of one of our daily papers, perfected plans for our proposed building, which were based upon imagination rather than fact.

We were glad to learn, however, that others had realized the need of such a building in Baltimore and, with two such structures in prospect, our physicians should not suffer for office accommodations in future.

One letter was received from a member of the Faculty in response to our August editorial and he very kindly set forth in detail the inconveniences of the office building in which he and many others are now tenants, and his suggestions should prove valuable to those who will minister to the wants of the tenants of the new "Medical Building." Note the extracts from letters of tenants of similar buildings in other cities which appear on the cover of this issue of the BULLETIN.



### THE SEMI-ANNUAL MEETING.

The Semi-Annual Meeting of the Faculty which will be held at Westminster, Md., on Thursday, October 28, 1915, should be largely attended. The automobile has worked such wonderful changes in the problem of transportation that distance proves no barrier to the physician who has a real desire to attend a meeting of this kind.

The many advantages to both county and city members which result from a day spent at such a gathering of physicians must be apparent to anyone who will give the subject a moment's consideration.

The Editor hopes that every county member who attends that meeting will come prepared to make suggestions which may be helpful in making the BULLETIN indispensable to them.

### WORKING HOURS OF TRAINED NURSES

Those who read the editorial in the July BULLETIN will recall our efforts to ascertain the rules followed by nurses employed in caring for medical, surgical and obstetrical cases in private families so that they might be published for the information and guidance of those physicians who may not be already familiar with them. The officers of the supervising organizations, to whom we appealed did not appear able to give the desired information and very kindly offered to bring the matter before the nurses through committees from their several organizations and furnish us a joint report. As the meeting at which final action upon the subject is expected, will be held about the middle of September, we hope to be able to publish the report in the October BULLETIN.

### ADVERTISING IN THE BULLETIN.

We were recently asked by the Coöperating Advertising Bureau of the American Medical Association, for a sworn statement of the circulation of the BULLETIN. This was not hard to prepare from the mailing list but set the Editor to thinking. Recent efforts at selling advertising space to advertisers in Baltimore had also given rise to the thought that the number of persons who read the BULLETIN might be much smaller than the monthly mailing list and that the contention that we were offering "gold bricks" instead of good advertising space, might be well founded. During the last week in August, in order to test the truth of this assertion, a number of physicians were called by telephone and asked whether or not they read the BULLETIN. The replies were not very encouraging.

With the November issue of the BULLETIN, self-addressed postal cards will be enclosed and members will be asked to sign and mail them if they have inspected the BULLETIN. In this manner we may be furnished with convincing arguments for use in securing profitable contracts for space in the advertising columns for 1916.

In this connection, an editorial in the *California State Journal of Medicine*, August, 1915, may prove interesting since this journal has adopted a policy similar to that of the BULLETIN, which will not accept any advertisement which it cannot endorse and favorably comment upon in its editorial columns.

### REMEMBER YOUR FRIENDS.

"There was a time, not so many years ago, when no respectable publication would refer to its advertisements or its advertisers. To be sure, many items boosting advertised things appeared in some periodicals—mostly medical (?) journals—but these were what is known as of the "reading notice" variety; carefully prepared by the advertiser and furnished to the publication; they were run as part of the advertising obligation. Now, however, and largely through the influence of your own *Journal*, all that has changed; we are proud of our advertisements and our advertising. Nothing goes into the advertising pages that is not as carefully scrutinized as the matter that goes into the reading pages. A considerable amount of advertising is refused each year because the *Journal* cannot vouch for the statements of the standing of the would-be advertiser, or for several reasons. There is no reason, now, why any advertiser should not be referred to or anything advertised should not be mentioned in any part of the *Journal*. And please remember that these advertisers are your friends; they very materially help out the business of the Society by so liberally patronizing the advertising pages of your *Journal*. They offer, for your consideration, a constantly changing variety of things that it would pay you to take an interest in; there is always something new coming along, and it will be well worth your while to see, from month to month, what new things are set forth in the advertising pages. You can save money, you can learn a lot that will be of benefit to you, and not infrequently you can secure samples or catalogues or premiums that are of real value. Also, just remember that there is no "bunk" about anything we advertise; if you are not entirely satisfied with your transactions with any advertiser, the *Journal* stands ready to straighten out the matter. The new things in this issue are too numerous to mention right here, but just look them up and see for yourself; if you have not looked through the advertising pages for a couple of months, it will surprise and please you to see the number and variety of new things and new suggestions set forth.

The statements made and the information contained in our advertisements may be absolutely relied upon. Help your friends and those who help you. Read the advertisements in this issue."

### A VISIT TO THE AMERICAN MEDICAL ASSOCIATION HEAD-QUARTERS AT CHICAGO.

A half day was spent on August 19 by the Managing Editor in the offices of the American Medical Association at Chicago. Every member of the medical profession should, if he finds an opportunity, visit this wonderful plant.

An inspection of the various state medical journals and a study of the data which is on file at the American Medical Association office in relation to them would convince anyone, as in the case of your Editor, that the BULLETIN OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND is not even a near-medical journal.

As the BULLETIN was originally designed to take the place of the annual report of the proceedings of the Faculty and has adhered very closely to its original policy it is, perhaps, unfair to expect it to possess all of the characteristics of a live state medical journal.

After the wide awake officials of the American Medical Association and the editors of the American Medical Association Journal finished their friendly criticism of our BULLETIN, they called attention to the vast amount of material which is being wasted in Baltimore, and of the great possibilities for the development of a medical journal in Maryland, which would be really worth while. They offered their assistance and coöperation and the Editor will, as soon as possible, confer with the Council for the purpose of placing before them certain data, and securing their assistance in carrying out definite plans for the betterment of our BULLETIN.

### THE "DOCTOR'S CLUB."

Social organizations for the exchange of ideas in country communities have not been confined to farmers, but physicians have, in some communities, adopted similar plans.

The Editor enjoyed the privilege some years ago, of attending the first and several subsequent meetings of a unique organization, known as the "Doctors' Club."

Various physicians in Montgomery and Howard counties, who lived close enough together to make it practicable, arranged to meet at some member's home monthly on moonlight nights during the spring, summer and autumn months, have supper and exchange experiences and discuss cases which had arisen in their daily work.

All formality was left behind and no petty jealousies or differences were permitted to enter in and interfere with the frank and pleasant interchange of ideas and experiences which these meetings inspired.

A complete understanding exists between these men and none of the friction which is sometimes seen among competitors can exist among them.

If the secretary or some other member of this unique club would write an account of it and describe its plan of operation and tell of the results which it has produced, we will be glad to publish it in the *BULLETIN* for the information of other communities which may desire to organize doctors' clubs along similar lines.

#### DR. DAVID STREETT.

David Streett, M.D., professor of principles and practice of medicine at the University of Maryland Medical School and for 25 years dean of the Baltimore Medical College, died July 30, 1915, at St. Agnes' Hospital following an operation for intestinal trouble, aged 60 years.

Dr. Streett was one of the best-known physicians in the city and held many positions of note in the medical profession. He was a Democratic member of the City Council of Baltimore from 1883 to 1885. Born in Harford county, Md., October 17, 1855, he was a son of the late Corbin Grafton and Ann S. Streett. He was educated at the Bethel Academy of Maryland and the College of Physicians and Surgeons, graduating in medicine in 1878.

He took a special course at Johns Hopkins University from 1889 to 1891 and received the degree of master of arts from Loyola College in 1895. After filling positions in the Maternity Hospital, City Hospital (now Mercy Hospital) and the Maryland General Hospital he became professor of principles and practice of medicine and dean of the Baltimore Medical College.

He formerly held the positions of trustee of the Baltimore Medical College and the Maryland General Hospital, president of the Medical and Surgical Society of Baltimore, the Baltimore Medical Association, and vice-president of the Medical and Chirurgical Faculty of Maryland and was also member of the Council of the latter organization, at the time of his death. He was a member of the University Club, the Flint Club, the Board of Charities and Correction and an elder in the Franklin Street Presbyterian Church. He wrote many books and papers that were regarded as criterions.

He married Miss Sarah Fusselbaugh, of Baltimore, April 25, 1882. She survives him. He also leaves a daughter, Mrs. C. B. Gill, and a son, Dr. D. Corbin Streett.



SUMMARY OF RESULTS OF EXAMINATION HELD BY THE  
BOARD OF MEDICAL EXAMINERS, OF MARYLAND,  
JUNE 15, 16 17 AND 18, 1915

NUMBER	COLLEGE OF GRADUATION	ANATOMY	SURGERY	PATHOLOGY	OBSTETRICS	PRACTICE	CHEMISTRY	MATERIA MEDICA	THERAPEUTICS	PHYSIOLOGY	TOTAL	AVERAGE
1	Maryland Medical, '12.....	58	79	75	63	69	52	70	45	67	578	64
2	Med. College of Va., '14.....	50	...	71	...	67	64	...	...	77	...	...
3	Col. Phys. & Surg., Balto., '14.....	77	81	65	87	76	70	75	77	75	683	76
4	Col. Phys. & Surg., Balto., '13.....	66	89	75	72	75	50	85	93	76	681	76
5	Univ. of Maryland, '14.....	77	90	81	90	76	70	75	67	88	714	79
6	Johns Hopkins, '15.....	87	90	86	87	75	80	92	95	96	788	87
7	Johns Hopkins, '15.....	93	98	90	93	82	93	86	98	89	822	91
8	Johns Hopkins, '15.....	95	89	81	84	76	97	43	76	80	721	80
9	Johns Hopkins, '15.....	80	99	94	94	78	95	77	100	82	799	89
10	Johns Hopkins, '15.....	93	92	84	83	82	100	75	84	77	770	85
11	Johns Hopkins.....	94	...	...	...	...	94	75	...	95	...	...
12	Univ. of Maryland, '12.....	85	91	85	91	79	95	75	83	80	764	85
13	Johns Hopkins, '15.....	90	88	92	92	75	96	87	96	75	791	88
14	Johns Hopkins, '15.....	82	85	64	74	83	85	75	76	75	699	78
15	Johns Hopkins, '15.....	86	89	77	99	82	100	83	98	88	802	89
16	Johns Hopkins, '12.....	84	98	85	89	80	80	77	64	86	743	82
17	Johns Hopkins, '15.....	79	90	88	89	75	95	57	80	77	730	81
18	Georgetown University, '11.....	70	76	73	91	75	59	75	86	75	680	75
19	Johns Hopkins, '14.....	60	75	80	75	77	78	71	84	94	694	77
20	Johns Hopkins, '13.....	89	81	90	83	82	90	85	81	96	777	86
21	Johns Hopkins, '15.....	77	82	73	86	78	65	75	66	88	690	77
22	Johns Hopkins, '15.....	81	85	75	80	76	100	66	75	78	716	79
23	Johns Hopkins, '15.....	93	86	99	93	79	100	67	90	75	782	87
24	Johns Hopkins.....	98	...	...	...	...	98	53	...	86	...	...
25	Temple University, '15.....	82	80	77	88	76	86	80	86	82	737	82
26	Johns Hopkins, '15.....	70	83	80	87	88	88	69	75	85	725	80
27	Univ. of Maryland, '14.....	69	...	46	72	75	76	...	...	61	...	...
28	Univ. of Maryland, '15.....	90	79	94	96	80	97	89	86	83	794	88
29	Johns Hopkins, '15.....	88	81	69	84	75	85	75	80	81	718	80
30	Johns Hopkins, '15.....	82	84	75	89	83	97	75	82	86	753	84
31	Johns Hopkins, '15.....	83	84	78	90	87	100	75	76	85	758	84
32	Univ. of Maryland.....	72	...	...	...	...	45	50	...	70	...	...
33	Univ. of Maryland, '15.....	73	75	80	90	75	77	75	77	67	689	76
34	Col. Phys. & Surg., Balto., '14.....	...	72	60	90	75	80	...	...	...	...	...
35	Col. Phys. & Surg., Balto., '14.....	69	...	60	...	63	80	62	39	75	...	...
36	Howard University, '14.....	73	68	68	65	75	65	80	49	78	621	69
37	Johns Hopkins.....	86	...	...	...	...	100	80	...	83	...	...
38	Howard University, '13.....	74	75	74	79	75	82	75	71	75	680	75
39	Johns Hopkins.....	92	...	...	...	...	90	80	...	83	...	...
40	Johns Hopkins.....	75	...	...	...	...	98	75	...	87	...	...
41	Col. Phys. & Surg., Balto., '13.....	75	75	65	82	64	65	64	89	80	659	73

NUMBER	COLLEGE OF GRADUATION	ANATOMY	SURGERY	PATHOLOGY	OBSTETRICS	PRACTICE	CHEMISTRY	MATERIA MEDICA	THERAPEUTICS	PHYSIOLOGY	TOTAL	AVERAGE
42	Univ. of Maryland, '15.....	96	90	85	97	81	95	89	100	90	823	91
43	Univ. of Maryland, '15.....	76	85	73	87	81	94	77	76	75	724	80
44	Univ. of Maryland, '15.....	80	88	94	90	75	90	90	82	84	773	86
45	Johns Hopkins, '15.....	88	93	86	90	87	92	84	95	84	799	89
46	Johns Hopkins, '15.....	78	79	76	74	71	98	60	75	67	678	75
47	Johns Hopkins, '15.....	89	88	88	85	75	96	75	84	75	755	84
48	Col. Phys. & Surg., Balto., '15.....	93	93	75	82	81	83	82	77	85	751	83
49	Johns Hopkins.....	64	...	...	...	...	90	58	...	89	...	...
50	Univ. of Maryland, '15.....	76	84	66	92	75	64	84	87	70	698	77
51	Johns Hopkins, '15.....	95	86	92	88	77	100	95	84	89	806	89
52	Univ. of Maryland, '15.....	80	87	85	94	83	89	62	88	64	732	81
53	Univ. of Maryland, '15.....	85	88	90	88	81	97	80	84	78	771	86
54	Johns Hopkins.....	60	...	...	...	...	68	52	...	70	...	...
55	Maryland Med., '13.....	...	...	58	...	...	...	...	...	...	...	...
56	Rush Med. Col., Chicago, '05.....	87	84	84	96	80	99	92	89	88	799	89
57	Col. Phys. & Surg., Balto., '15.....	92	91	95	95	78	90	84	100	93	818	91
58	Johns Hopkins, '14.....	84	89	64	76	75	68	60	86	75	677	75
59	Univ. of Maryland.....	61	...	...	...	...	80	68	...	80	...	...
60	Maryland Medical, '10.....	40	...	...	64	54	...	75	...	...	...	...
61	Col. Phys. & Surg., Balto., '14.....	75	81	55	81	83	45	75	64	70	629	69
62	Univ. of Maryland, '15.....	79	88	80	92	71	75	81	78	80	724	80
63	Johns Hopkins.....	85	...	...	...	...	98	75	...	82	...	...
64	Univ. of Maryland, '15.....	83	84	84	92	75	85	90	84	82	759	84
65	Johns Hopkins, '15.....	75	85	78	90	79	84	44	75	65	675	75
66	Johns Hopkins, '13.....	81	91	94	91	84	95	75	76	87	774	86
67	Johns Hopkins, '06.....	93	87	91	85	84	88	80	82	91	781	87
68	Johns Hopkins, '15.....	86	86	95	92	86	98	90	79	75	787	87
69	Johns Hopkins, '09.....	97	93	95	88	79	98	90	100	88	828	92
70	Univ. of Maryland, '15.....	87	90	83	85	64	83	85	75	88	740	82
72	Univ. of Maryland, '15.....	94	77	89	86	67	91	79	87	75	745	83
73	Johns Hopkins.....	78	...	...	...	...	100	78	...	89	...	...
74	Maryland Med., '12.....	68	...	54	...	67	...	...	...	...	...	...
75	Johns Hopkins, '15.....	79	87	76	90	75	70	80	61	83	701	78
76	Univ. of Maryland, '15.....	91	86	72	87	79	100	76	78	83	752	83
77	Univ. of Maryland, '15.....	74	84	82	97	82	84	79	86	80	748	83
78	Univ. of Louisville, '12.....	49	...	...	...	...	70	...	...	...	...	...
79	Johns Hopkins.....	37	...	...	...	...	75	48	...	68	...	...
80	Jefferson Medical, '15.....	79	93	78	90	89	81	67	72	63	712	79
81	Johns Hopkins, '15.....	90	90	93	92	75	97	86	92	88	803	89
82	Johns Hopkins.....	79	...	...	...	...	90	75	...	75	...	...
83	Johns Hopkins, '15.....	88	91	78	84	75	70	67	69	82	704	78
84	Univ. of Maryland, '15.....	80	87	88	91	55	70	75	37	92	675	75
85	Univ. of Maryland.....	82	...	...	...	...	82	88	...	82	...	...
86	Johns Hopkins.....	73	...	...	...	...	76	77	...	87	...	...
87	Georgetown University, '15.....	94	92	91	98	83	84	75	75	83	775	86

NUMBER	COLLEGE OF GRADUATION	COLLEGE OF GRADUATION										TOTAL	AVERAGE
		ANATOMY	SURGERY	PATHOLOGY	OBSTETRICS	PRACTICE	CHEMISTRY	MATERIA MEDICA	THERAPEUTICS	PHYSIOLOGY			
88	Univ. of Virginia, '13.....	80	84	75	78	75	65	56	85	77	375	75	
89	Howard Medical, '14.....	71	85	65	73	71	80	75	72	69	661	73	
90	Chicago Col. of Med., '15.....	87	92	76	96	81	79	75	86	79	751	83	
91	Univ. of Maryland, '15.....	94	86	82	90	76	99	93	76	75	771	86	
92	Univ. of Maryland.....	79	...	...	...	...	75	88	...	88	...	...	
93	Johns Hopkins, '15.....	79	92	78	78	75	76	80	82	80	720	80	
94	Univ. of Maryland, '15.....	77	77	70	65	75	70	60	73	85	652	72	
95	Univ. of Maryland.....	85	...	...	...	...	65	69	...	82	...	...	
96	Univ. of Maryland, '15.....	83	84	67	82	75	75	67	67	84	684	76	
97	Univ. of Maryland, '15.....	76	80	76	80	80	75	75	80	90	712	79	
98	Bennett Med., '14.....	46	76	49	82	68	40	...	...	...	...	...	
99	Col. Phys. & Surg., Balto., '15.....	74	84	89	81	80	60	75	69	84	696	77	
100	Univ. of Maryland, '15.....	92	91	89	94	80	99	93	91	83	812	90	
101	Col. Phys. & Surg., Balto., '15.....	88	90	92	92	76	75	80	76	91	760	84	
102	Univ. of Maryland, '15.....	79	92	80	91	86	89	79	86	81	763	85	
103	Univ. of Maryland.....	77	...	...	...	...	57	66	...	86	...	...	
104	Univ. of Maryland.....	68	...	...	...	...	75	50	...	75	...	...	
105	Univ. of Maryland.....	75	...	...	...	...	78	77	...	80	...	...	
106	Univ. of Maryland, '15.....	75	88	90	80	75	75	66	81	81	711	79	
107	Univ. of Maryland, '15.....	83	91	79	81	75	95	89	87	75	755	84	
108	Johns Hopkins.....	68	...	...	...	...	90	75	...	81	...	...	
109	Univ. of Maryland, '15.....	...	Failed to appear										
110	Univ. of Maryland, '15.....	90	85	91	92	87	80	84	94	88	791	88	
111	Johns Hopkins.....	86	...	...	...	...	75	87	...	96	...	...	
112	Univ. of Maryland, '15.....	80	90	82	88	76	79	80	78	85	738	82	
113	Univ. of Maryland, '15.....	91	76	85	79	75	80	84	88	77	735	82	
114	Univ. of Maryland, '15.....	90	85	71	89	80	77	78	71	81	722	80	
115	Med. Col. of Va., '12.....	57	69	27	54	64	61	64	45	58	499	55	
116	Univ. of Maryland, '15.....	80	88	86	89	79	86	84	96	80	768	85	
117	Col. of Phys. & Surg., Balto., '15.....	70	80	80	88	75	75	67	64	79	678	75	
118	Maryland Med. Col., '13.....	21	...	54	...	...	20	75	77	33	...	...	
119	Howard Med., '14.....	55	...	...	...	...	70	75	50	65	...	...	
120	Univ. of Maryland, '15.....	85	90	82	85	78	88	83	82	90	763	85	
121	Harvard Med. Sch., '15.....	76	73	75	90	76	50	55	70	79	644	71	

In the above summary an average of 75 is required of those participating in the examination for the first time in order to secure a license. Those who have failed are eligible to re-examination at the expiration of six months. They are then obliged to receive a rating of 75 in each branch in which they are re-examined before license can be issued. Under the Maryland laws, students who, at the end of their second year, have successfully passed their college examination in Anatomy, Chemistry, Materia Medica and Physiology, are entitled to examination by the Board of Medical Examiners in these branches. The ratings made by these students in the examination known as the "second-year examination" are carried forward and made part of the final examination, when an average of 75 must be obtained to secure a license. We trust that this statement will make clear the apparently incomplete examination of certain participants.

## STATE BOARD OF MEDICAL EXAMINERS OF MARYLAND.

## CHEMISTRY.

1. State the law of multiple proportions and give illustration.
2. What are oxidizing agents? Give examples.
3. What is the action of chlorine on metals, water, ammonia and on coloring matters?
4. (a) Describe the element silver, giving its condition in nature and valence. (b) Give name and formula of the silver salt most commonly used in medicine, also test for same. (c) Give treatment of poisoning by this salt.
5. Mercury: (a) Occurrence in nature and valence. (b) Mention and give formula of three mercurous and three mercuric salts. (c) State which of these is contained in the following: "Blackwash" and antiseptic tablets.
6. Show by formulae the action of sulphuric acid and of hydrochloric acid on zinc.
7. How can sugar be distinguished from other reducing substances when found in urine?
8. Of what substances are urinary calculi usually composed?
9. (a) What is an aldehyde and what relation do they bear to alcohols? (b) Write the formula of formaldehyde and give its properties. (c) What are its advantages and disadvantages as a disinfectant?
10. Give outline of a urinary analysis mentioning the object and general operation of the tests; or give an outline of an analysis of feces mentioning the object and general operation of each test.

DR. A. L. WILKINSON,  
*Examiner.*

*Tuesday, June 15, 1915.*

## ANATOMY.

1. Describe the middle ear.
2. Origin, course and distribution of musculo-spiral nerve.
3. Describe minute anatomy of kidney.
4. (a) What are the divisions of the brain? (b) Name the principal fissures. (c) What fissures divide each hemisphere into lobes? (d) Name the lobes of the brain. (e) Of what does the corpus callosum consist?
5. Locate surface lines dividing abdominal cavity into regions. Name regions and state contents of lower right hand region.
6. Name structures transmitted through any two of these three foramina (a) Foramen magnum. (b) Sphenoidal foramen. (c) Optic foramen.
7. Describe and give anatomical relations of vermiform appendix.
8. Name varieties of inguinal hernia and give difference in varieties.
9. What bones enter into formation of knee joint? Name ligaments of knee joint.
10. Origin, insertion, action and nerve supply of following muscles: (a) External pterygoid. (b) Pectoralis minor. (c) Triceps extensor cubitis. (d) Peroneus brevis.

DR. HERBERT HARLAN,  
*Examiner.*

*Tuesday, June 15, 1915.*



## THERAPEUTICS.

1. Give the therapy and describe the operation of paracentesis thoracis.
2. Give the therapy and dosage of digipuratum and preferable methods of administration.
3. Give the indications for and physiological action of venesection.
4. Write a prescription in Latin, without abbreviation, containing four ingredients, stating the condition for which it is to be used with directions for administration.
5. Give the physiological action of valerian.
6. Give the physiological action and therapy of the "lead salts" and treatment of plumbism.
7. Resorcin, its physiological action and therapy, compared with acid carbolie.
8. Differentiate the indications for employment of pituitary extract.
9. Physiological action of rhus toxicodendron, signs of poisoning and treatment.
10. Pilocarpin, physiological action and therapy.

DR. J. MCPHERSON SCOTT,  
*Examiner.*

*Wednesday, June 16, 1915.*

## MATERIA MEDICA.

1. Arsenic. (a) Give the official preparations and doses. (b) Give the antidote for acute arsenical poisoning.
2. Silver. (a) Give the official preparations. (b) The incompatibles. (c) Name some of the organic silver salts in use. (d) What is the result of mixing silver and creosote?
3. Ipecac. (a) Describe it. (b) Give the official preparations and doses. (c) Name some of the unofficial preparations and doses.
4. Define germicide, antiseptic, deodorizer, anaesthetic, anodyne, and hypnotic, and give two examples of each.
5. Zinc. Give official preparations and doses.
6. Give the average hypodermic dose of the following: Nitro-glycerine, strychnine sulphate, atropine sulphate, morphine sulphate, apomorphine hydrochloride, pilocarpine hydrochloride, and Norwood's tincture of veratrum.
7. Define and give examples of the following classes of drugs: Vermicides, diuretics, diaphoretics and emetics, and give doses.
8. State what you know of electricity as a medicinal agent and method of application or administration.
9. Write a prescription using official terms, for an adult-dose to be given after each meal—of iron, arsenic, quinine, strychnine and gentian. One containing three drugs as a diuretic, one containing at least two drugs as an expectorant cough mixture.
10. Name three drugs that are circulatory stimulants, three circulatory depressants, and give dose of each. Also define vasoconstrictors and vasodilators. Give doses and methods of using each.

DR. L. A. GRIFFITH,  
*Examiner.*

*Wednesday, June 16, 1915.*

## PHYSIOLOGY.

1. Define physiology and state what is meant by the physiological effects of a drug. Give examples.
2. (a) Give chief functions of connective tissue. (b) Epithelial tissue. (c) Adipose tissue. (d) Bone.
3. (a) Into what general classes are foods divided? (b) Give examples of each. (c) Give functions of each class of food in the nutrition process.
4. (a) What is meant by the respiratory sounds? (b) Where is the respiratory center? (c) How can you estimate the quantity of air breathed?
5. (a) Describe the nerve cells and state how they are classified. (b) What is meant by nerve centers?
6. Define digestion, absorption, nutrition, secretion and excretion.
7. Salivary glands. (a) Describe histological structure. (b) Secretion. (c) Innervation. (d) Influence of the secretion on normal digestion.
8. What factors are concerned in the production and maintenance of blood pressure. Give normal blood pressure in adult.
9. Describe the effects of inhalation of carbon monoxide, and of carbon dioxide on the human system.
10. Discuss the effect of alcohol, on the human system.

DR. L. A. GRIFFITH,  
*Examiner.*

*Wednesday, June 16, 1915.*

## PATHOLOGY.

1. What changes occur in the mucous membrane of the lungs in acute bronchitis?
2. Mention some causes of and describe the changes in the vessels occurring in arteriosclerosis?
3. Describe the hook-worm and give its life history?
4. Describe the morbid changes occurring in acute emphysematous gangrene?
5. Describe the process of recovering from a burn which destroys the skin?
6. Define cyst, cytolysis, diapedesis, mitosis?
7. Discuss edema?
8. Describe the bacillus of typhoid fever?
9. What may take place if a foreign body is buried in living tissue, and why?
10. What is a sequestrum? Describe its formation?

DR. H. M. FITZHUGH,  
*Examiner.*

*Thursday, June 17, 1915.*

## PRACTICE.

1. (a) Define blood pressure. (b) What is high blood pressure? (c) Give causes. What do you mean by systolic and diastolic blood pressure? (e) Name some conditions in which it is a prominent symptom, and give treatment.
2. Differentiate the fevers of typhoid, malaria and early tuberculosis.
3. Differentiate follicular tonsillitis and diphtheria.
4. Differentiate epilepsy and hysteria.
5. Give diagnosis of acute chorea and the most common complication, and give treatment.
6. Give treatment of pneumonia.
7. Give diagnosis and treatment of empyema.

8. Give treatment of acute nephritis.
9. Give diagnosis and treatment of locomotor ataxia.
10. Give treatment of cholera infantum.

DR. B. W. GOLDSBOROUGH,  
*Examiner.*

*Thursday, June 17, 1915.*

#### SURGERY.

1. What is trachoma? Give signs, symptoms and treatment.
2. Give signs, symptoms, and differential diagnosis of carcinoma of the tongue. Outline the treatment.
3. Give the symptoms, diagnosis and treatment of tuberculosis of the kidney.
4. Name the varieties of fistula-in-ano and give treatment.
5. State the avenues and possible points of metastasis of a malignant growth of the breast. On what symptoms may an early diagnosis of cancer of the breast be based?
6. How would you diagnose and treat a case of fracture of both bones of the forearm, occurring at the middle third.
7. Symptomatology and treatment of acute catarrhal otitis media.
8. Give symptoms, diagnosis and treatment of Pott's disease in the dorsal region.
9. Name the cardinal symptoms of brain tumor.
10. Give the differential diagnosis between cholelithiasis and appendicitis.

DR. H. L. HOMER,  
*Examiner.*

*Friday, June 18, 1915.*

#### OBSTETRICS AND GYNECOLOGY.

1. Give the subjective and objective signs of pregnancy.
2. Into what classes is extra-uterine pregnancy divided, give diagnosis and treatment at time of rupture.
3. Give Crede's method of delivering the placenta, and what are its advantages?
4. Give treatment of transverse position with arm protruding.
5. Explain fully when, and how, you would use a pair of axis-traction forceps.
6. Define the three stages of labor.
7. What are the relative and absolute indications for Cesarean section?
8. Define: (a) Menorrhagia. (b) Metrorrhagia. (c) Dysmenorrhea. (d) Amenorrhea.
9. Give diagnosis of cancer of the uterus.
10. Give the different methods of treating prolapsed uterus.

DR. J. L. RILEY,  
*Examiner.*

*Friday, June 18, 1915.*

#### OFFICE SYSTEMS.

A successful physician in New Orleans who conducts his office along business lines, has promised the BULLETIN an article on office systems for an early issue.

Other successful men in different parts of the country, have promised to contribute original articles for our proposed "Efficiency Column."

## PUBLIC HEALTH EXHIBIT AT THE MARYLAND AGRICULTURAL COLLEGE.

In 1914 the Faculty of the Maryland Agricultural College thought the time ripe to offer the clergymen of Maryland, located in the rural districts and cities of the state, a summer school and conference, with a program laid out to cover not only the benefits of an intensive study of agricultural and home economics, but to link up these topics with the spiritual work of the clergymen.

Nearly two hundred clergymen responded to the invitation and so successful was the work, that a similar opportunity was offered again this summer. Through the local secretary of the College Y. M. C. A., Mr. B. H. Darrow and the president of the College, Dr. H. J. Patterson, the secretary of the Committee on Public Instruction of the Faculty was invited to bring the Public Health Exhibit to the College and also given a place on the program to speak on the subject of agencies available to rural districts in the interest of public health.

The exhibit was placed in the library and opportunity given to the one hundred and twenty-five ministers present at the school and conference to study its various units, besides which, as many as possible were personally approached and given special information concerning the work of the committee.

Not one of the gentlemen failed to show interest and all promised to remember that the committee was at their service. Howard, Prince George and Allegheny County representatives were especially interested and it is probable that the exhibit will go to each of these counties in the near future.

Dr. Patterson not only gave the use of the library but hauled the exhibit to and from the station and made the secretary a guest of the College during the conference, and by linking the work of the committee with that of the rural clergy, rendered a service of great value, which cannot be too greatly commended and appreciated.



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BOOKLET

ELWELL STOCKDALE, Supt.

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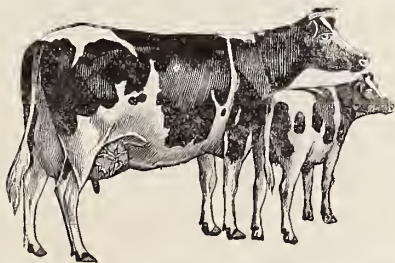
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DR. J. WALLACE DEIL, Kansas City, Missouri.—"Your letter of July 12, was received, and it gives me pleasure to be of any assistance to you in this matter. I could enumerate many advantages in having an office away from the home, few of which appeal to me any more than any of the others which I enumerate. First, it gives to the physician a certain time of the day when he does not feel that he is practicing medicine when he separates home and office, consequently when he is at his office and is practicing medicine he goes at it with more vigor and takes more interest in his cases.

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OCTOBER, 1915

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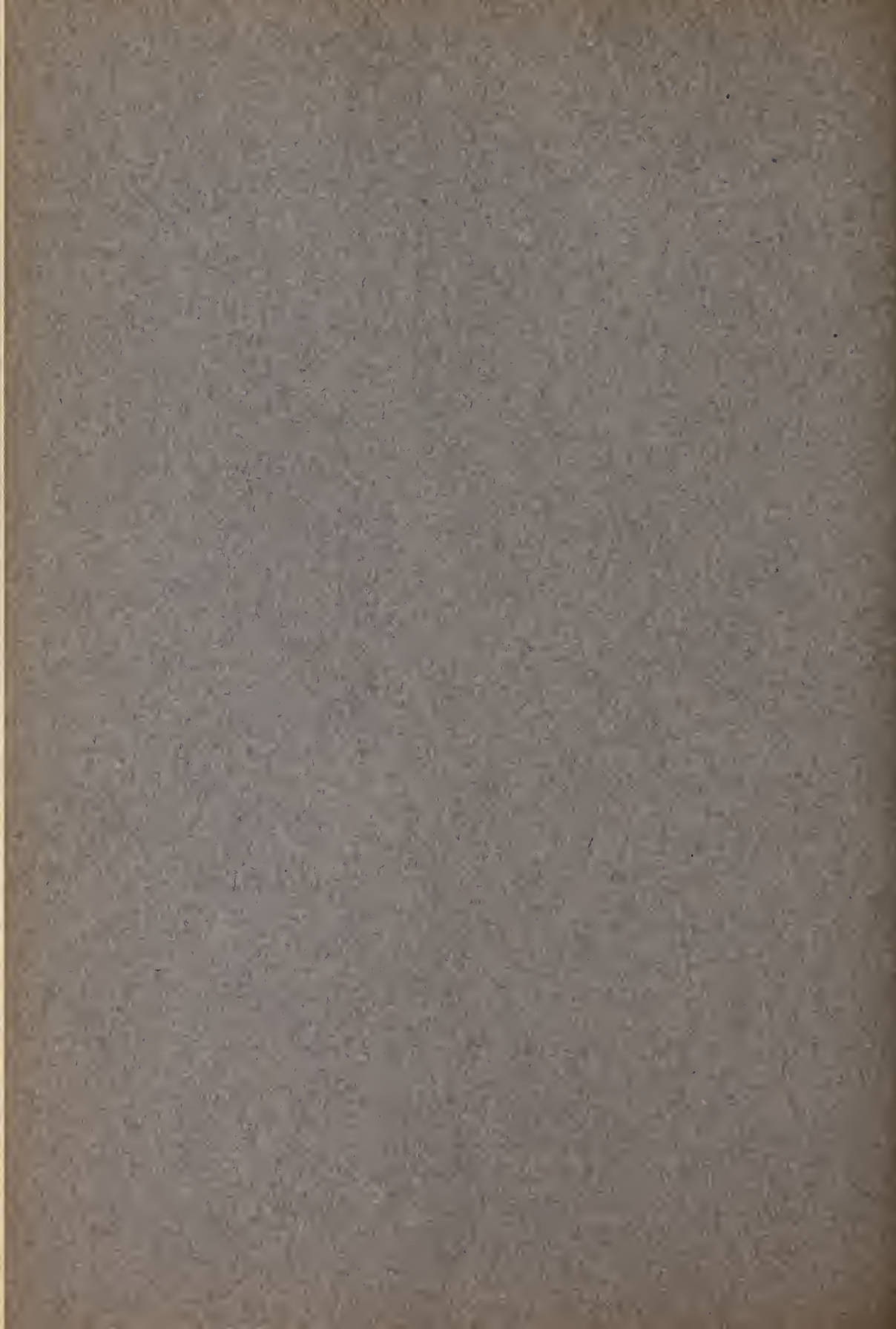
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# THE BULLETIN

OF THE

## MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

1211 CATHEDRAL ST.

PUBLISHED MONTHLY

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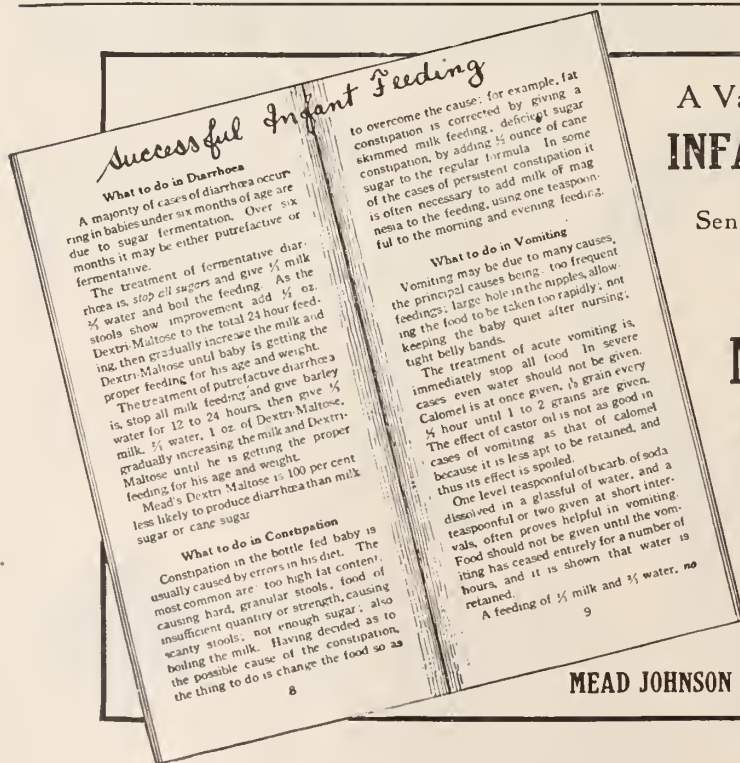




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VOL. VIII

BALTIMORE, OCTOBER, 1915

No. 4

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### PROPOSED "MEDICAL BUILDING"

As the vacation season is over and those members who did not read the June, July, August and September BULLETINS may read this issue, it seems an opportune time to ascertain the sentiment concerning the proposed "Medical Building."

There have been active indications that such a building will be constructed if a real demand exists.

If every physician who thinks he might be interested at some time as a possible tenant of a modern physicians' building, suitably located, would write the Editor his views upon the subject, some idea could be formed concerning the feasibility of the plan.

Suggestions relating to approximate suitable locations, methods of excluding undesirable tenants, etc., will be given careful consideration and will prove most helpful in the working out of these problems.

Unless there is some active response to this final appeal for an expression of opinion from Baltimore physicians upon this subject, it will be taken to mean that the time has not yet arrived when such a building is necessary or desired, and further agitation through the BULLETIN will be discontinued.

### BALTIMORE CITY MEDICAL SOCIETY TO RESUME MEETINGS.

The first meeting of the Baltimore City Medical Society for the coming winter session was held on October 15. The officers of the Society are making an earnest effort to prepare an attractive schedule of programmes, and there seems to be no reason why the season should not be a most successful one.

The first meeting, on October 15, was devoted to a presentation of papers on medical aspects of the present world struggle by men who served in the Red Cross in the various warring countries.

The meeting, on October 29, also bids fair to be a notable one. The subject for discussion will be the all-important one of cancer. The principal speakers will be Dr. Howard Lilienthal, the distinguished New York surgeon, and Mr. Frederick L. Hoffman, the actuary of the Prudential Life Insurance Company, who has made such a profound statistical study of the cancer problem. Interesting programmes have also been arranged for subsequent meetings of the Society.

Members who are desirous of reading papers are requested to send in their names and titles to the Secretary, Dr. Novak.

### CORRESPONDENCE RELATIVE TO PHYSICIANS' OFFICE BUILDINGS IN VARIOUS CITIES.

A portion of the correspondence received in reply to the BULLETIN's inquiry as to the way Physicians' Office Buildings are used throughout the country is given herewith. Most of these letters give practical points that will be of real benefit if such a building is to be erected in Baltimore.

#### NEW ORLEANS, LA.

DEAR DOCTOR:

Your letter of July 10 reached me.

I am not in a position to tell you much about medical partnerships except that there are a great many successful ones in this city. I mean that I do not know what arrangements they have with each other as to the proceeds of each individual practice, or that of the combined practice; but the arrangement is evidently a good one because I have never seen a combination broken up after having once formed. It works admirably with specialists in the same line and is certainly an advantage to the doctor because it gives him free time to go out of the city for consultations or operative work or for vacation while his partner is doing his work and holding his patients for him. Of course, these partnerships are nearly in all instances formed by men who have known each other for years, are intimate friends and perhaps studied together.

As regards offices in a building down town instead of at home, the advantages are so numerous it would require too much time to relate them. I venture to say there



are not five per cent of the doctors in this city that have offices at their homes. We rent a suite of offices together, furnish it together and divide running expenses; and each man has a certain time, seldom more than two hours, except in the case of specialists. When your patients learn when and where to find you at your office they never bother you at your home. You are in your office usually in the afternoon when the ladies are downtown shopping, and the men are at their offices, so that it does not require much effort to make a visit to the doctor. You come into contact with your confrère, you are nearer the business center of the city for insurance work, it is easier for the men to reach you for examinations. The doctors get closer to each other, being together in the same building, thus affording opportunity for a more fraternal feeling among the doctors, which should be fostered in every city and thereby make the practice of medicine a more agreeable occupation and not so much a commercial venture. The routine of many doctors in this city is, hospital work in the morning, with outside work up to 1 or 2 o'clock, lunch at the Club, and then one or two office hours in the afternoon, then outside work up to dinner time, after dinner rest and recreation; this, of course, is often disturbed but usually only for emergency cases because the people have been taught this routine. As an illustration of this, I had a patient say to me one day when I asked her why she did not send for me the day before which happened to be Sunday, "Why I did not know that I could get you on a Sunday." We are soon going to have the people believing that doctors don't work on Sunday at all here. By all means make the profession in Baltimore get an office building. The younger men will have a much easier time getting started because they will be nearer the older men who can use them in their practice when they are rushed.

Give my kindest regards to our mutual friends in Baltimore. I trust that they are all well and are doing good work.

Let me hear from you again.

Yours sincerely,  
W. H. BLOCK, M.D.

1221 Maison Blanche Bldg.

#### MAISON BLANCHE REALTY COMPANY, NEW ORLEANS.

DEAR SIR:

Replying to your inquiry of the 9th inst. beg to advise that this company operates a twelve story building. The first five floors are leased to a department store, and the sixth to the twelfth floors are divided into offices. When the building was erected extra outlets were placed in all offices on the eleventh and twelfth floors to take care of dentists and physicians, and we now have two hundred in this building.

Our offices were left unpartitioned and every suite has been arranged to suit the special needs of the doctor who is to occupy the same. Special care has been taken in arranging these suites, and consequently every doctor has all the facilities needed in his particular line.

It has been our custom to consult a prospective tenant as to his requirements, and we usually draw a plan showing the outlets for cuspidors, lavatories, gas, compressed air, electricity, etc., and it is seldom that we have to make any changes after a physician is located.

We have been most liberal in our treatment and service, and I am glad to say that all of our doctors are pleased, and we seldom have to look for a new tenant among the medical men, in fact we now have a waiting list.

We furnish compressed air, water, heat and janitor service, and our tenants pay for electric lights only, I believe your plan for a strictly medical building an admirable one for a city the size of Baltimore, and if permitted I would suggest that you be careful in not making your offices too large. A reception room in the center allowing private offices on either side with private exit will I am sure appeal to the profession and find ready tenants.

Very truly yours,  
MAISON BLANCHE REALTY COMPANY.

A. H. CHRISTY,  
Manager.

SEATTLE, WASHINGTON.

DEAR SIR:

We have delayed making reply to your letter of July 17 with regard to the Cobb Building as we were waiting for some printed typical floor plans of the building that have just arrived.

The Cobb Building is our specialized medical building that is one of a group of class A buildings, owned and operated by this company. It was only planned and constructed after a most thorough investigation of all conditions both as to requirements by local tenants and the experience of other specialized buildings throughout the country.

The Cobb Building occupies a corner site 108' x 120', is eleven stories high and contains about 275 offices. From the enclosed printed directory you get an idea of the approximate number of tenants in the building of which there are about ten physicians to seven dentists.

The partitioning of each suite is done according to the requirements of the tenant and according to the length of the lease and the responsibility of the tenant. Some of the principal features are, abundance of windows or outside light, elevator cabs large enough to comfortably contain a stretcher, two private toilets on each floor, one men's and one women's toilet on each floor, compressed air and gas piped to every room where required, vacuum cleaning service furnished by a stationary plant in the building, both direct and alternating current, an abundance of north light that is particularly desirable for dentists, an extra good grade of plumbing and other features.

You will note from the enclosed small circulars the difference between service in an ordinary office building and that furnished in the Cobb Building. In the office space the floors are all maple, finished with shellac and wax. Our experience has been that doctors and dentists can practice in offices containing a much less square foot area where the offices are built to suit their needs and for such convenience and extra service as we give them, they are willing to pay a higher rate of rental per square foot.

The architects of this building are Howells & Stokes, whose main office is located at 100 William St., New York City. From our experience we would recommend them most heartily either as the architects, or as consulting architects for your proposed building.

The Cobb Building was completed in June 1910 and has averaged 97 per cent occupied. It is probably the most successful specialized medical building that has ever been constructed.

Trusting that the enclosed printed matter and this information may be of some use to you, we are,

Yours very truly,  
METROPOLITAN BUILDING COMPANY.  
By J. T. CURRAN.

## OFFICES OF HOWELLS AND STOKES, ARCHITECTS, 100 WILLIAM STREET, NEW YORK.

DEAR SIR:

Our western office in Seattle, Washington, tells us that you may consider constructing a specialized building for doctors and dentists.

As we have rather specialized in this line, we want to take a few moments of your time by writing to you direct. You probably know of the three principal specialized buildings of the type in New York City. The most paying one, and the only one over ten stories high, being the 41st Street Building.

Returns on the investment, and the pressure for space, have been such that the people controlling this building have lately taken out even the space formerly given to lunch-room and luncheon service for the practitioners, and converted it into offices, somewhat against the protests of the practitioners themselves.

Beside the three mentioned there are several smaller buildings somewhat specialized in this line, and not long ago we drew plans for a tall building on a Fifth Avenue corner, having a doctors' entrance on Fifth Avenue, and that for the dentists on the side street. The construction of this building was stopped, however, by real estate conditions.

The most successful building at the time is still, undoubtedly, the Cobb Building in Seattle. The method of running, you have doubtless learned; also their specialization in reduplicated renting.

Up to the time of the construction of the Cobb Building, probably the most successful was the Reliance Building in Chicago, the manager of which was paid a special retaining fee to come to New York, and spend some time at this office while we were studying conditions for the Cobb Building.

We should be extremely glad, of course, to work with you on any such building you may have in mind, and to give you any information we can if you are in New York, or to come to Baltimore and take the matter up there. We remember, with great pleasure, our experience in building the Baltimore Stock Exchange, when we made many acquaintances and familiarized ourselves with conditions of your city.

Yours very truly,  
HOWELLS & STOKES.

## RELIANCE BUILDING, CHICAGO.

GENTLEMEN:

In answer to yours, will say that the Reliance Building for the past 20 years has housed exclusively, physicians and dentists, the building being equipped especially for them and arranged for their convenience. The majority of the offices have a general reception room, surrounded by private offices; these private offices usually contain a small room used as a dark room, consultation room, dressing or rest room. Each column in the building has a system of piping for hot and cold water, sewerage, also compressed air and electric lighting, thereby making it convenient to get anything necessary for the tenant occupying that particular room.

The floors, in a great measure, are underlaid with piping brought to a central point for dentists' chairs. This building has been very successful in its operation for this class of tenants and has paid handsomely on the investment.

The expenses for operating such a building for this class of tenants is greater on account of having a little more intelligent class of janitor service, the offices having to be kept in tip-top shape more so than for commercial lines. During the last



two years a number of other buildings have gone up equipped to house the same class of tenants thereby causing a scattering of doctors and dentists, but before that time the Reliance Building was known as an exclusive medical building.

We are now putting in other lines as well as medical. We rent offices to dentists to be occupied by them throughout the day but to physicians we have different ways of renting, by the hour, the building furnishing all equipment, also by the half day and all day, in which case the tenant supplies the furniture and equipment.

We do find a tendency now among some Chicago physicians to move back into their home districts with their main office headquarters and simply renting an hour each day in the center of the city. Conditions in Chicago may be entirely different than other cities on account of its size. We have what we call "the loop" which is a very small congested district and everyone is dumped into that section, making it very unusual, this very fact making a great advantage to have an office centrally located where parties from all parts of the city may easily reach them.

The equipment of this building is owned in general by the physicians occupying the offices and they are able to take care of cases even to minor surgery. We have had as many as 400 tenants in this building at one time but at present we probably have 200 physicians and dentists.

We will be very glad to give you any information that you may desire, and we would suggest that a better understanding of the management of the building can be had by a personal visit to it at which time we will be glad to show you through and give all minor details. There are a great many things which come up to the management of a physieanal building very different from a commercial building.

Very respectfully yours,

A. J. PARDBRIDGE & Co.

Per A. M. DOGGETT.

CARLTON BUILDING CO., ST. LOUIS, MO.

DEAR SIR:

In answer to yours of July 9, subject, special office building for physicians.

I believe this sort of building will pay in any of the larger cities, and although I have never had experience in a strictly professional building of this character, I have no doubt a building of this kind would make a success in the downtown business district of St. Louis.

We have several buildings of near this character in the out-lying districts. These are all fairly successful in their present locations, and no doubt would do much better in a business district.

The Carlton has a much larger percentage of physicians as tenants than any other building in the down-town business district, and no doubt would pay well if run strictly on that basis.

We now have twenty-nine physicians, nine dentists, one chiropodist, two manicure, one hair-dressing and one beauty parlor, occupying approximately fifty per cent of our floor space, and a much larger percentage of tenants.

The Carlton Building was erected for general office purposes only, a building built for the purpose could be operated to give better satisfaction to the tenant, and be conducted much more economically by the manager.

What seems to me some of the most important qualifications a building of this character should have are as follows:

The ground areas should be comparatively small, not more than eight to ten thousand feet, I would prefer a building up in the air rather than spread out, you

get better air, better ventilation and better service, each tenant is more easily found, as nearly all tenants of this class use comparatively small space.

A very important item is the manner of charging for the use of space and service, a flat rate per square foot for rent, heat, hot and cold water and janitor service, and a meter rate for electric current, gas, and compressed air, my experience has proved beyond any doubt that the last three charges should be charged by meter, as each tenant will use a different amount. The building should install a compressed air system, that is best from an economical stand-point whether it is charged for by meter or not, as it saves both the building and the tenant money.

The Carlton Building has had some very interesting experience in this way. We furnish electrical energy for light and power reasonably used, we do not furnish compressed air directly, but furnish the power to run a number of small machines for this purpose that are very costly both to the building and the tenant, for power and maintenance, I believe we could furnish and make a reasonable profit on the compressed air used in the building at a saving to the tenant on his cost and maintenance of machines, not including our own saving in power.

Special attention should be given the plumbing in a building of this character, all down drains should be large, and the basins and sinks so placed as to be as near as possible the down-drain, and the down-drains should be larger and more numerous than in a ordinary office building, they should be large enough to carry away any thing that can be forced through the sink or basin drain, the best possible plumbing should be installed in this character of building.

Another important item is the wiring, special attention should be given in installation, to save later expense, two separate and distinct lines should be placed throughout the building, one for power and one for light, there are a great many different electrical machines used by this class of tenant, and the original installation should be ample, both for the sake of the expense of later installation and the fact that the work can not be done later without bungling.

The building should be so constructed as to be able to use as much space on each floor as possible in suites, rather than in single rooms, I find such space easier to market, as it gives the tenant greater opportunity to economize such as a joint expense in telephone, maids, stenographers and some of the larger and more expensive apparatus.

Out of thirty-eight physicians and dentists in this building, thirty-two are in suites, and I am confident that if there were double the space available for suites, I could fill them in a short time.

In my opinion these are the most important items for a building for this purpose, and I hope the above information is what you wish.

Yours truly,  
D. L. JENKINS.  
Manager.

MARTY AND MARTY, KANSAS CITY, MO.

DEAR SIR:

Your favor of the 9th with inquiries as to Rialto Building at hand. In the Rialto Building there are about 170 physicians and dentists, about 20 being dentists. All physicians are members of the Jackson County Medical Society. The physicians prefer locating in same building as it facilitates the interchange of patients and consultations. In the Rialto Building the upper six floors are occupied by physicians and dentists, and it would be a comparatively easy matter to fill two or

three more floors if we had the space to give. The building has compressed air, gas, and special electrical connections, and lavatories with hot and cold water in all private offices of physicians. The building also put in connections for fountain cuspidors. On the top floor of the building, we furnish at nominal rent space for Medical Library and meeting room for Jackson County Medical Society and Academy of Medicine.

We enclose a building booklet.

Respectfully yours,  
By A. M. MARTY,  
Manager.

THE CONTINENTAL INSURANCE COMPANY OF NEW YORK, NASHVILLE,  
TENNESSEE.

GENTLEMEN:

Replying to your favor of the 9th inst. regarding a medical building, kindly allow me to say that there has been for sometime in Nashville a decided tendency for the medical profession to congregate in one building or buildings and that this tendency is on the increase. In this day of specializing the profession finds it greatly to their advantage to be in the same building in order that they can turn over to each other patients needing treatment in each man's speciality.

I am astonished at the information contained in your letter to the effect that the property owners in a city as large and otherwise as progressive as Baltimore, have not long since erected several buildings of this character and under pressure from the profession. There is no doubt at all in my mind but what such a building located in the city of Baltimore would be rented completely before it was finished.

Yours truly,  
HOWELL E. JACKSON.

UNIVERSITY BLOCK, SYRACUSE, N. Y.

DEAR SIR:

In reply to your letter of the 9th would say. The University Block has twenty dentists, two general practitioners, and eighteen specialists. The doctors think it is a great advantage to each other to get in a building where other doctors are, one helps the other. Some of our specialists (nose, ear and throat) have fine rooms, the operating room has a tile floor, white walls. Waiting room on one side, and rest room on the other, exit from both waiting and rest room.

There is a physicians' building that opened about one year ago, and if you would write Dr. D. H. Murray, 608 East Genesee St., Syracuse, I know he would be glad to give you in detail facts that might be of assistance to you.

Yours truly,  
UNIVERSITY BLOCK,  
S. S. BATES, Agent.

CATHCART AND MAXFIELD, ST. PAUL, MINN.

GENTLEMEN:

We beg to acknowledge receipt of your letter of the 9th instant addressed to the "Superintendent of the Lowry Building." In reply, we beg to state that we are sending you under separate cover, two booklets descriptive of the Lowry Building.



This building, which was built in 1911 and opened in January 1912, is an exclusive physicians' and dentists' building. It has a frontage on St. Peter Street of 300 feet by a depth of 50 feet on 4th and 5th Streets. It was built by the present owners to take the place of a small three story building which was on the same site, and which has been used for perhaps the last fifteen years as an exclusive building for physicians and dentists.

This building, as erected, is thirteen stories in height, but only 9 stories were finished off, as we thought it would be all we could do to find tenants for the nine stories. The building, however, proved so popular, and the offices were so sought after by physicians and dentists, that we found it necessary to finish off the tenth floor, and this was done last fall and opened January 1915, and the building is now entirely filled.

We have on the floors above the first floor of this building, about 105 tenants, and there are probably half again as many ethical dentists and physicians using a portion of the offices under lease to our tenants.

The advantages to physicians and dentists being located in this building, are of course many. These offices are constructed to suit the requirements of their profession and the service given the offices is of course the very best. The pamphlets which we are sending you under separate cover will probably give you all the information that you desire. Should you wish any other information, we would be glad to furnish the same upon hearing from you.

Yours very truly,

CATHCART AND MAXFIELD.

L. S. DONALDSON COMPANY, MINNEAPOLIS.

GENTLEMEN:

I am in receipt of your letter of July 9, asking for some information regarding the Donaldson Building, as to the advantages derived by physicians as tenants in a building devoted exclusively or principally to professional men.

In reply would say that the Donaldson Building is occupied almost exclusively by doctors and dentists, and we have about one hundred tenants and sub-tenants. The profession as a class are regarded as very desirable occupants, and we very seldom have any delinquents in the payment of rent. In regard to the equipment which is included in the rental charge, we furnish electric light and power, compressed air, hot and cold water, and on the top floor of the building we furnish the Medical Society space for their library free of rent.

As to the advantages to physicians being in a down town building, and in a building devoted principally to the profession, the question was put to one of our leading physicians, whose reply is enclosed herewith, which we would like you to return at your convenience.

Should you desire any further information, I shall be pleased to reply to your inquiries.

Yours truly,

J. S. MITCHELL.

MR. J. S. MITCHELL, City.

DEAR SIR:

Your letter of the 12th inst. received. I think there are many advantages in a strictly physicians' building that cannot be obtained in an office for a physician at his residence.

First, an office at one's residence somewhat isolates a physician from the rest of the profession. It is an advantage to be closely associated with your competitors. It is a great advantage to be in a building where there are a great many of your associates and fellow practitioners with whom you might consult at any time.

Second, it is an advantage to the patient also, in as much as he could be more easily referred to some specialist in the same building without loss of time and thereby obtain the best results.

Third, it obviates in a way the necessity of a combination of physicians which has been advocated by some men as we can always find specialists enough in a large office building to whom cases can be referred.

Fourth, it tends to the better development of a physician because he is more likely to specialize and therefore become an expert in his line and he is known as such by his fellow practitioners and patients.

Fifth, in a large office building conveniences can be obtained that are not possible in a private house such as proper light, heat, janitor service, etc.

Sixth, it is of great advantage to a physician to have specified hours in an office building where he can always be seen by his patients and is not annoyed at home by patients calling at all hours of the day and night, therefore enabling him to better obtain the required amount of rest, sleep and recreation.

Seventh, it is of great disadvantage and much danger to a physician's family to have patients call at the residence, especially where a physician has children who may be exposed to infectious and contagious diseases that are treated by the physician at his house. This to my mind is one of the most important reasons why we should not have patients call at the residence.

Eighth, a large office building is usually located in a convenient part of the city so that patients in and out of town can visit the physicians to a better advantage, sometimes saving many hours of valuable time.

Ninth, the physician is able to build up a better practice because of the near location of the office to places of business where business men can save much time in consulting physicians.

Tenth, it is generally conceded now that the best physicians and surgeons are located in large office buildings, consequently adding to the reputation of a doctor.

I trust that these reasons may sufficiently cover the points required in your communication. I am pleased to know that you are contemplating the erection of another office building contiguous to this one and joined thereto. I am very much interested in this movement and would like to consult with you sometime personally as regards certain features in this building which would be of great advantage to the profession. Having recently returned from quite an extensive tour where many features were observed, I am particularly interested to see that the right kind of a building goes up here in Minneapolis as I believe it is a most opportune time and the location ideal.

Very truly yours,  
ARTHUR E. BENJAMIN.  
Minneapolis.

## SOCIETY MEETINGS.

## WASHINGTON COUNTY MEDICAL SOCIETY.

The Washington County Medical Society met at the Hospital in Hagerstown, Thursday, September 16, 1915, at 1.30 p.m. The President, Dr. W. B. Morrison presided and a most instructive paper was read by John Randolph Walker, D.D.S., on 'Some phases of dentistry as relating to medicine and surgery.' This was discussed generally.

DR. V. D. MILLER, JR., *Secretary.*

## CUMBERLAND VALLEY MEDICAL ASSOCIATION.

The Thirteenth Annual Meeting of the Cumberland Valley Medical Association was held in Chambersburg, Pa., on Thursday, September 2, 1915. A large gathering of physicians of the valley were in attendance. The meeting was called to order by the retiring President, Dr. E. R. Plank, Carlisle, Pa. The President-elect, Dr. Chas. M. McLaughlin, Greencastle, Pa., was installed and presided.

Dr. Chas. F. Palmer, Chambersburg, spoke of some of the changes and progress in medical practice in the past decade; of the influence and benefit of the laboratory in shaping medical knowledge.

He spoke of the life and death of three members who had died during the year: Drs. Ramsey, Allen and Fritz. Dr. A. R. Allen spoke in memorial of the life and death of Dr. M. L. Emrick, late of Carlisle, Pa.

Dr. H. C. Lawton, Camp Hill, Pa., read an interesting paper on "Sore throats and their bacteriology." He spoke of the source of infection through the tonsil and urged the complete removal of all diseased tonsils.

Dr. A. R. Allen opened the discussion and urged thorough removal of the diseased tonsils and said that in his opinion incising portions of the tonsil was a vicious procedure. The diseased tonsil was the avenue for much infection, rheumatism, arthritis, tuberculosis, etc. He thinks that the profession does not give proper attention to prevention of the infection due to diseased tonsils and that of pyorrhea.

Dr. Kemper thinks that too many tonsils are removed today.

Dr. Reichare spoke of the fad of removing the tonsil under any and every circumstance and said that the claim for so much absorption of infection by the tonsil was not proven, and lately another fad has developed, that of pyorrhea as a cause of infection. The pendulum swings wide at times.

The subject was quite generally discussed. Dr. E. T. Bishop said "Make the tonsils and teeth clean and keep them clean."

The meeting was ended with a banquet which was served at Hotel Washington, in this hotel's usual good style. The dinner was followed by a number of excellent after-dinner addresses.

The following officers were elected:

*President:* Dr. Aug. C. Maisch, Hagerstown, Md.

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The next annual meeting will be held in Washington County, Md., most probably at Country Club, Hagerstown.



## BALTIMORE CITY MEDICAL SOCIETY.

## SECTION OF NEUROLOGY.

Meeting held January 15, 1915.

Dr. C. M. Byrnes, Chairman, presiding.

I. Dr. A. C. Gillis reported a case of hemorrhage into the fourth ventricle, with exhibition of specimen.

The chief features in this case were spasticity of the right arm and left leg, in a man aged 21, admitted to Mercy Hospital unconscious, with a diagnosis of heat prostration. Decompression was done on suspicion of fracture of the base of the skull. The patient died 76 hours after the initial symptoms. At post-mortem hemorrhage was found filling the fourth ventricle. There were no evidences of endarteritis, and no other pathological findings.

Discussion by Drs. H. M. Thomas, I. J. Spear, Alexius McGlannan, and C. M. Byrnes.

Dr. Thomas asked the condition of the patient's eyes and spinal fluid.

Dr. Spear asked Dr. Gillis' explanation of the involvement of the arm and leg on opposite sides.

Dr. Byrnes stated that close examination of the specimen showed the hemorrhage to have been in the pontile region, at the junction of the *erura cerebri*; and that the blood in the fourth ventricle was apparently secondary to this.

Dr. Gillis (closing) said that there appeared to be a hemorrhage in the pons, and that he was not certain that the case was one of primary hemorrhage into the fourth ventricle. The condition of the patient's eyes was normal and the spinal fluid was clear. A Wassermann was not done. He added that he did not attempt to explain the spasticity of the opposite arm and leg, as the pathological findings were not what might have been expected.

II. Dr. G. Lane Taneyhill, Jr., presented a case of acute bulbar paralysis, with recovery.

When seen by Dr. Taneyhill, the patient's speech had been unintelligible for two weeks, he could not whistle nor protrude the tongue, and the jaw was extremely weak. There was no involvement of the ocular muscles and the pupils were normal. Improvement began a month after onset, and continued for nine weeks.

Discussion by Drs. H. M. Thomas, A. C. Gillis, I. J. Spear, and C. M. Byrnes.

Dr. Thomas stated he had never seen a case exactly similar, and asked if electrical examination had been made.

Dr. Spear pointed out the possibility of diphtheritic bulbar neuritis presenting the same symptoms.

Dr. Taneyhill (closing) said that electric examination had not been made until recovery had progressed so far as to make it of little value.

III. Dr. Irving J. Spear reported a case of erythromelalgia, in a man aged 21, who gave a history of frost-bite five years previously. He stated that his idea in reporting the case was to call attention to the condition in the young, since it generally affected older people.

Discussion by Drs. H. M. Thomas, A. C. Gillis, and Alexius McGlannan.

Dr. Thomas referred to the intense pain reported in this case, and asked the condition of the deep reflexes.

Dr. Gillis considered that the most interesting feature in the case was the frost-bite.

Dr. McGlannan asked if reversal of the circulation had been practised.

Dr. Spear (closing) said that the deep reflexes were present, and the physical examination absolutely negative. Reversal of the circulation had not been done.

IV. Dr. W. B. Cornell read a paper on "Local problems of the insane, feeble-minded, and delinquent;" in which the work of the Mental Hygiene Committee was described.

Discussion by Drs. G. L. Taneyhill, Jr., W. R. Dunton, and D. D. V. Stuart, Jr.

Dr. Dunton called attention to the necessity of educating the public to a realization that insanity is a sickness and not a disgrace, so that patients might receive hospital care.

Dr. Stuart spoke of the urgent need for adequate institutions for the care of the feeble-minded in Maryland, and stated that the establishment of special classes in the public school, with the object of training high-grade feeble-minded children to take a place among normals, is a very doubtful service to the community; since these children are thereby given the opportunity to pass on their defect to the next generation.

Dr. Cornell (closing) said that the need of at least one other institution for the feeble-minded in this state had impressed itself most strongly on the Mental Hygiene Committee; and that practically all such cases need permanent custodial care.

Meeting held February 20, 1915.

Dr. C. M. Byrnes, Chairman, presiding.

I. Dr. Irving J. Spear reported a case of tumor of the spinal cord, with exhibition of specimen. Dr. Spear's patient was a woman aged 30. The condition at first strongly resembled syphilis, but subsequent examination showed that there was no luetic infection, and the case was finally diagnosed as one of tumor of the spinal cord. The tumor was removed at operation, but the patient died shortly after. Six weeks before operation leukocytosis of 44,000 was present.

Discussion by Drs. L. F. Barker, C. M. Byrnes, and G. Lane Taneyhill, Jr.

Dr. Barker asked if necropsy had been obtained, and how the leukocytosis was accounted for.

Dr. Spear (closing) said that the family refused to allow a necropsy, and that nothing had been found to explain the leukocytosis. The patient developed decubitus before operation, but not until long after the high leucocyte counts had been noted.

II. Dr. L. F. Barker read a paper on the diagnosis of brain abscess. Dr. Barker classified the condition according to etiology, and called attention to the difficulty of localisation in these cases.

Discussion by Drs. Irving J. Spear and C. M. Byrnes.

Dr. Byrnes spoke of the importance of not allowing the diagnosis to be masked by the presence of other conditions, especially alcoholism; and referred to a case of his own.

*(To be continued)*



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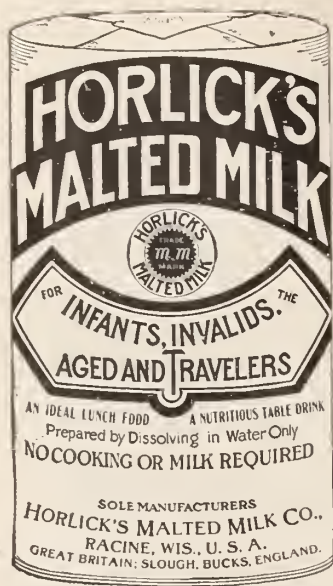
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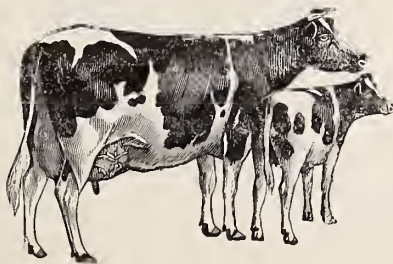
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NOVEMBER, 1915

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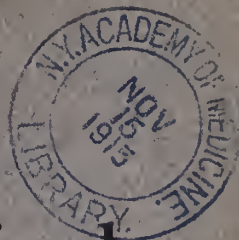
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**SECTION OF DERMATOLOGY.** Third Wednesdays. Chairman, J. WILLIAMS LORD, M.D.; Secretary, I. R. PELS, M.D.

**SECTION OF GYNECOLOGY AND OBSTETRICS.** Second Fridays in October, December, February and April. Chairman, J. M. H. ROWLAND, M.D.; Secretary, EMIL NOVAK, M.D.

**SECTION OF LARYNGOLOGY.** Fourth Fridays monthly, 8.30 P. M. Chairman, LEE COHEN; Secretary, G. W. MITCHELL.

**SECTION OF MEDICAL EXAMINERS.** Third Fridays in November and March. Chairman, J. D. IGLEHART, M.D.; Secretary, W. E. MAGRUGER, M.D.

**SECTION OF NEUROLOGY.** Second Friday, monthly. Chairman, C. M. BYRNES, M.D.; Secretary, D. D. V. STUART, M.D.

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**MONTGOMERY COUNTY MEDICAL SOCIETY.** President, J. L. LEWIS, Bethesda, Md.; Secretary-Treasurer, C. H. MANNAR, Rockville, Md.; Delegate, W. L. LEWIS. Third Tuesdays in April and October.

**PRINCE GEORGE'S COUNTY MEDICAL SOCIETY.** President, J. C. COGGINS, Laurel, Md.; Secretary, S. M. McMILLAN, Riverdale, Md.; Treasurer, W. ALLEN GRIFFITH, Berwyn, Md.; Delegate, L. A. GRIFFITH, Upper Marlboro. Second Saturday of every second month.

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**TALBOT COUNTY MEDICAL SOCIETY.** President, C. M. STEELE, Cardova, Md.; Secretary-Treasurer, W. T. HAMMOND, Easton, Md.; Delegate, J. A. STEVENS. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.

**WASHINGTON COUNTY MEDICAL SOCIETY.** President, W. B. MORRISON, Hagerstown, Md.; Secretary, V. D. MILLER, Hagerstown, Md.; Treasurer, D. A. WATKINS, Hagerstown, Md.; Delegate, V. D. MILLER, JR. Second Thursdays of February, May, September and November.

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OF THE

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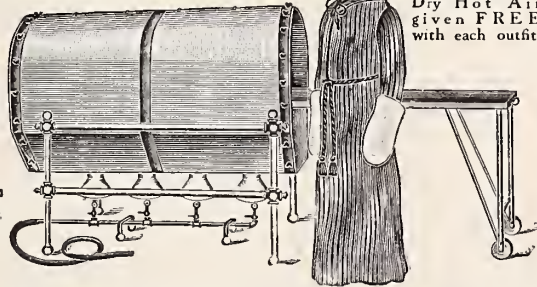
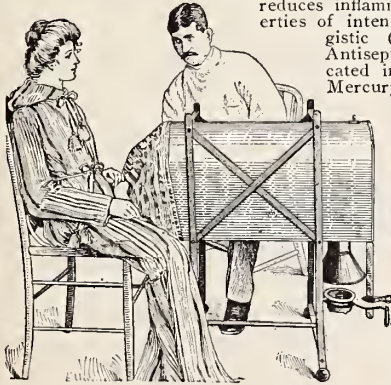
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### "IS AMERICAN VITALITY WANING?"

The efforts at conservation of human life which have been made by life insurance companies in recent years have proved a potent factor in the field of preventive medicine. With motives largely commercial in their origin these companies, under the guidance of their trained medical officers, have become most active workers in this field of medical endeavor and service to mankind.

The work which has been undertaken by the Life Extension Institute, of which something will be said in a future BULLETIN, promises much in the way of accurate statistical knowledge and far reaching results in preventive medicine of the future.

The following extracts from an article which appeared in *The Spectator*, one of the leading insurance journals, in its issue of October 7, 1915, and written by a Philadelphian, will indicate to some extent, at least, the future possibilities of this work.

"An affirmative answer to this question would naturally be suggested if attention were given only to the pessimistic pictures and predictions which occasionally appear. For example, Mr. Rittenhouse, president of The Life Extension Institute, in his paper before the recent annual session

of The Public Health Association, offered some startling statistics on 'Increasing Organic Diseases.' He is reported to have said: 'The increasing waste of American vitality and life from the degenerative diseases among wage-earners and other classes is rapidly reaching the magnitude of a national menace. Surely the doubling of mortality rate from this cause should be a matter of serious concern. In three decades the death rate from the breaking down or wearing out of heart, arteries and kidneys has increased one hundred per cent.' And he said that the condition described is local and American, not being found in European countries. He further said that there are constantly approximately 15,000,000 Americans in 'the development period,' which ranges from a few weeks to several years, in which the disease may be checked or cured, and that the State should fight degenerative diseases as well as the germ diseases. At this same convention Dr. Eugene Lyman Fisk of New York is reported to have said that, in 1913, 130,000 persons died of chronic diseases of the vital machinery, all preventable or postponable, these figures reflecting widespread degeneration, impairment and premature decay.

"In San Francisco, in August, at the Second National Conference on Race Betterment, Dr. J. H. Kellogg, of Battle Creek, Mich., added this gloomy picture: 'The world needs a new aristocracy, a real aristocracy made up of Apollos and Venuses and their fortunate progeny. Instead of such an aristocracy we are actually building up an aristocracy of lunatics, idiots, paupers and criminals. These unfit persons have already reached the proportions of a vast multitude—500,000 lunatics, 80,000 criminals, 100,000 paupers, 90,000 idiots and 90,000 epileptics—and we are supporting these defectives like real aristocrats at an expense of \$100,000,000 a year. And this mighty host of mental and moral cripples is increasing, due to unrestricted marriage and other degenerative influences, at a more rapid rate than the sounder part of the population, so that they are bound in time to constitute the majority unless some check is put upon the increase.'

"It is true that each of these authorities suggests some remedies for the deplorable conditions which they describe.

"That these sombre views do not fairly represent American conditions seems evident when we look at facts like the following:

#### INCREASE IN GENERAL INTELLIGENCE

"At the fifty-third annual convention of the National Educational Association, held at San Francisco in August, Dr. Joseph Swain, president of Swarthmore College, Pennsylvania, and the retiring president of the National Association, spoke of the work of the 700,000 American school teachers with 22,000,000 children as constituting an influence for good in



the development of a high civilization in a way to make us sanguine of the future of our race. All who take any interest in public schools are aware of the attention being given everywhere to the moral and physical health of the boys and girls, and it is unthinkable that the broad and magnificent work of these public schools is not tending to increase the vitality of the American people.

"Here in Philadelphia 5000 teachers have begun their year's work with 200,000 pupils in 835 school buildings. The city of Philadelphia is spending \$12,000,000 a year on its public schools—\$52 a year for each pupil. And not only have health considerations been kept to the front in years gone by, but at the present time practically every child in the public school is given the benefit of a free medical examination and treatment, and all are required to have certificates of vaccination. Moreover, the Board of Education has just ordered a special sanitary inspection of every school house in the city; so that the public school houses, most of them already and all of them very soon, are likely to be healthier places for young people than the average private home.

"At the last session of the Pennsylvania Legislature there was enacted a law consisting of twenty-seven sections, entitled 'An Act to safeguard human life and health throughout the Commonwealth by providing for the reporting, quarantining and control of certain communicable diseases and for the prevention of infection therefrom and prescribing penalties for violations of the act.' This very comprehensive act has been published by the Philadelphia Bureau of Health in a little pamphlet for wide, general distribution. It is a most comprehensive and radical provision for safeguarding the health of the people, requiring physicians, health officers, principals of schools, teachers, public conveyances, boarding house managers, undertakers and others to observe various strict regulations under heavy penalties. Moreover, the Philadelphia health director, Dr. Ziegler, is now following the good practice of New York city in requiring systematic medical inspection of every hotel and restaurant in the city and all employees in them. One hundred and seventy-four hotels and fourteen hundred and sixty-three restaurants in Philadelphia come within the provisions of this law; so that hereafter these public places cannot employ cooks, waiters, kitchen help, chambermaids or other house servants who are suffering from contagious diseases. For violations of this act a penalty is provided consisting of a fine of not less than \$5 or more than \$100 and the costs of prosecution, or imprisonment for not more than thirty days.

"Dr. Samuel G. Dixon, the State Commissioner of Health, is giving to the newspapers frequent talks on health and hygiene, full of wise suggestions, put in a popular way, and he evidently shares the opinion expressed

by a speaker at a recent American Public Health Association meeting, in which he said: 'Printers' ink should be entered in the Pharmacopeia as an accredited remedy for human ills; among other things it prevents tuberculosis and builds hospitals to cure it. It saves the lives of children and controls epidemics of small-pox. Thousand of babies are to-day alive in New York State largely because heavy doses of printers' ink were administered to the public by the State and local departments of health. You may cure individuals of their ills in the privacy of a sick room, but to cure the public of its ills you must get into the newspapers.' It is hardly to be expected that the whole medical fraternity should come at once to an appreciation of this new and potent remedy, but the value of publicity through newspaper columns is being appreciated more and more, and in numerous instances medical organizations of the most ethical stamp have lately sought this coöperation.

"Contrary to some recent pessimistic references to the over-strenuous middle-aged man, this is what Dr. Dixon says in another of his health talks: 'For all that has been said to the contrary, this is the middle-aged man's day. You can talk of the early recognition of competence, of youthful success, and what does it all mean but that a man reaches middle age with more years of successful endeavor behind? A generation or so ago a business man who devoted himself assiduously to golf or tennis would probably have lost his credit at the banks and have been looked at askance by his business associates. Nowadays there are thousands of successful middle-aged business men who regularly devote a certain portion of their time to rational exercise. Cheeks bronzed from exercise in the open air stamp many a middle-aged man as a devotee of rational sports. College athletics are probably responsible for a share of this improvement, and public health teaching and the struggle for individual efficiency for the remainder.

"There is a movement for temperance on the part of unnumbered thousands of middle-aged men—temperance in eating, in the use of alcohol and a rational indulgence in exercises which will keep up the physical poise. There are hundreds of country clubs to-day where there was one twenty-five years ago and it is the middle-aged man and not the youngsters who most persistently frequent them. It is well that this is a growing movement, for it will aid in offsetting the increasing mortality from degenerative diseases.

"The abundant supply of pure water and the complete modern sewage systems now possessed by all American cities and large towns, and the tons of educational literature now being distributed to the holders of the forty million life insurance policies, make a climax of influences which we who are optimists believe are prophetic of a great average increase in American vitality rather than any waning."

## THE WESTMINSTER MEETING

The Semi-Annual Meeting at Westminster was unusually well attended and a great success from every point of view. The day was perfect, the programme excellent and the freedom of the college grounds and buildings was greatly enjoyed. The minutes of the meeting will be published in full in the December issue of the BULLETIN.

ADDRESS BY REV. T. H. LEWIS, PRESIDENT  
WESTERN MARYLAND COLLEGE

Mr. President, and Gentlemen of the Medical and Chirurgical Faculty of Maryland:

You have been so courteous as to offer me a few minutes of your crowded program in which I may, as a sort of host, extend to you a cordial welcome to Western Maryland College. It is much more agreeable to see the doctor when he makes a social visit. We are glad to have you here, and we wish to further in every way the object of your meeting by giving you whatever we have in the way of facilities that you can use. This entire building is at your disposal, and if you would prefer a different sort of assembly room we can give you another. Committee and cloak rooms will be found on the floor below which are for your convenience. The treasurer's office is also located on that floor, but I will not mock you by offering you that for, alack! there's nothing in it. If you will take the time to walk about, you may have our scenery and our splendid air, although our local doctors will tell you it puts no money in their purse. If you would be young again you may look over our campus and see "our young barbarians all at play." And if after a prolonged feast of reason you can summon a mere physical hunger of the robust type we will welcome you to a College dinner, called in the old times, "commons," you know, and still living up to its old name. After dinner we shall be glad to show you whatever part of our buildings you may have time to visit.

I am particularly pleased that it is my personal good fortune today to be in a position to give something to doctors. It is almost the first time and solitary instance. They have been treating me as a deadhead many years on the ground that I was a preacher; yet, when taking them at their word I tried to reciprocate and give them all I had, a sermon, they testified by their absence that they found it more blessed to give than to receive. Well, I am devoutly thankful for what I have received from them. I am very fond of this "vile body" of mine and very thankful to anybody who can help me when it hurts. If I haven't always taken their medi-



cine or followed their advice I am still alive and in fair health notwithstanding (or as the cynic would say, consequently) and I am still thankful. I am more than thankful; I am profoundly appreciative of a profession which I honor as a great and beneficent force in every community, the greatest and most beneficent in some respects of our times.

It was a quaint conceit of that famous author-physician, Sir Thomas Browne, whom I read with constantly increasing delight, that "those three Noble Professions which all civil Commonwealths do honor, are raised upon the fall of Adam, and are not any way exempt from their infirmities; there are not only diseases incurable in Physic, but cases indissolvable in Laws, vices incorrigible in Divinity."

The statement might be legitimately enlarged to include more than three professions. Teaching, for example, which was not recognized as a profession in Sir Thomas' day, might properly claim admittance into the noble professions on his foundation, to wit, that it is unquestionably "raised upon the fall of Adam." Many years ago I heard a teacher say that whatever difference of opinion there might be among theologians about the doctrine of total depravity, there was absolute unanimity on it among teachers. And I suppose it is true that teachers have a more intimate, profound, and you might say, practical knowledge of total depravity than any other men, seeing that they are dealing constantly and wholly with concrete examples of it, who have not yet had time to cultivate the vantage of experience. Still if this admits us into the noble professions we ought not to complain. Just as they that are whole need not a physician but they that are sick, so it is only because children are ignorant and foolish and unruly, in fact, bad, that teachers are needed.

Some are trying to persuade us in these days that the pulpit is losing its hold on men, and that the bar is being displaced by other agencies. But however that may be, it is certain that there will always be two professions left; for people will still be getting sick, and there is no present indication that any form of eugenics is going to produce the flawless child. So, without presumption, I can welcome you here as comrades in the great crusade against sickness and in the same great mission of healing.

There is more than a figurative resemblance between our professions, however. We both have to administer that which doesn't always taste good; we both have to combat infinite capacities in our patients for resistance; we both have to do a good deal of work for nothing; few of us get rich, and we both lose a good many cases. But there is a very real and vital resemblance in addition. Education may be said quite literally to be largely a matter of health. It is seen not only in those so-called degenerates, whose whole nature has been transformed by marvellous surgery; not only in the pitiful condition of those apparently incorrigible

dunces whose bands have been broken and a normal mental status given them by the discovery and remedy of the hookworm. But outside these extreme instances, we have learned, mostly from you, that there is in all children a most vital and reciprocal connection between the physical and the mental nature. And it is the glory of modern medicine to have discovered that stupid children, inattentive children, abnormally mischievous children are frequently not bad children at all, but simply children with bad eyes or ears, or teeth, or with nervous reactions not full and systematic. Thus, gentlemen, you are closely allied to the teaching profession, and in these matters you have been the teachers of teachers. And so I welcome you to this College as those to whom we owe the deference of pupils.

On the other hand, it is a pleasure to us as teachers to note a growing disposition among you to recognize the need of Colleges because they furnish the indispensable requisite for the best type of modern physician. Many of you are College men and more will be; in fact we may confidently expect that but few years will pass before all must be. A broad, general culture is the best basis even for specialists, for he who knows but one thing doesn't know that: we know nothing right until we know it in its relations. And this sublime study of yours must be dwarfed and distorted until men can come to it with minds that turn freely and intelligently to all the points of the mental compass.

Finally let me welcome you to the enjoyment of a day off. It has always been a mystery to me how you managed to escape the treadmill at all. But one would hope that the anxieties and demands of your profession might be relaxed at least on an occasion like this. Your meeting will have the tonic of good fellowship and each will contribute something to the general good cheer. Doubtless the papers to be read with titles so puzzling to laymen will be uplifting and recreative to the initiated.

Our duty and pleasure it shall be to minister to you in small matters and strive to make this as much of a holiday as possible. There isn't any telephone in this building, so you may rest in confidence that if anybody wants you, he, she or it can't get you. You have not come yet to that delectable land where the inhabitants never say, I am sick—may you all arrive in due time!—but you are today in the midst of well folks. The abounding life and spirits of this youthful environment should be exhilarating and recreating to you: and although you can no longer “skip and play” as you once did, the sight of it will be welcome, I am sure, and will do you good, even as “a merry heart doeth good like a medicine.”

Therefore, welcome, thrice welcome, noble laborers in a noble vineyard; honorable soldiers in the good fight; men of light and healing, welcome to this hill whence we trust is going forth a constant stream of leading, healing light.

## RECENT ACCESSIONS TO THE LIBRARY.

AUTHOR	TITLE	DATE	SOURCE
Abderhalden, E.	Defensive ferments of the animal organism against substances out of harmony with the body.	1914	Frick Fund
Allen, F. M.		1913	Frick Fund
Apolant, H., <i>et al</i>	Paul Ehrlich: eine darstellung seines wissenschaftlichen wirkens	1914	Frick Fund
Ashurst, A. P. C.	Surgery, its principles and practice	1914	Finney Fund
Bainbridge, W. S.	The cancer problem	1914	Frick Fund
Baudler, S. W.	Medical gynecology. 3d ed.	1914	W. B. Saunders Co.
Barnes, H. A.	The tonsils	1914	Frick Fund
Bernheim, B. M.	Surgery of the vascular system	1913	J. B. Lippincott Co.
Binet, A., and Simon, T.	Mentally defective children	1914	Frick Fund
Bolton, J. S.	The brain in health and disease	1914	Frick Fund
Brauer, L., <i>et al</i>	Handbuch der tuberkulose. 2 vols.	1913	Frick Fund
Bruce, W.	Sciatica		
Brüning, H., und Schwalbe, E., <i>eds.</i>	Handbuch der allgemeinen pathologie und der pathologischen anatomic des kindesalters. Vol. 1, pt. 2	1914	Frick Fund
Brumpt, E.	Precis de parasitologie. 2d ed.	1913	Frick Fund
Buchanan, R. J. M.	Textbook of forensic medicine and toxicology. 8th ed.	1915	Sir William Osler
Century dictionary	10 vols.	1914	Faculty
Century dictionary	Atlas of the world	1914	Faculty
Century dictionary	Cyclopedia of names	1914	Faculty
Chisholm, A. S. M.	Recreations of a physician	1914	Frick Fund
Cushny, A. R.	Text-book of pharmacology and therapeutics. 6th ed.	1915	Baker Fund
De Normandie, R. L.	Case histories in obstetrics	1914	Dr. J. W. Williams
Deutsche Path. Ges.	Verhandlungen. Vol. 16-17	1913-14	Dr. J. W. Williams
Deutscher Kong. für Innere Medizin.	Verhandlungen. Vol. 31	1914	Faculty
Despard, L. L.	Text-book of massage and remedial gymnastics. 2d ed.	1914	Sir William Osler



Doncaster, L.	The determination of sex	1914	Frick Fund
Fairbairn, J. S.	A text-book for midwives	1914	Sir William Osler
Falta, W.	Erkrankungen der blutdrüsen	1913	Frick Fund
Fenger, C.	Collected works. 2 vols.	1912	Dr. J. M. T. Finney
Fischer, M. H.	Oedema and nephritis	1915	Frick Fund
Forchheimer, F., <i>ed.</i>	Therapeutics of internal diseases, <i>ed.</i> by F. Billings and L. E. Irons. Vol. 5	1914	Baker Fund
Foster, N. B.	Diabetes mellitus	1915	J. B. Lippincott Co.
Freud, S.	Psychopathology of everyday life	1914	Frick Fund
Galloway, J.	Historical sketches of old Charing	1914	Frick Fund
Garrison, F. H.	John Shaw Billings: a memoir	1915	Dr. F. H. Garrison
Gibson, A. G.	A handbook for the post-mortem room	1914	Sir William Osler
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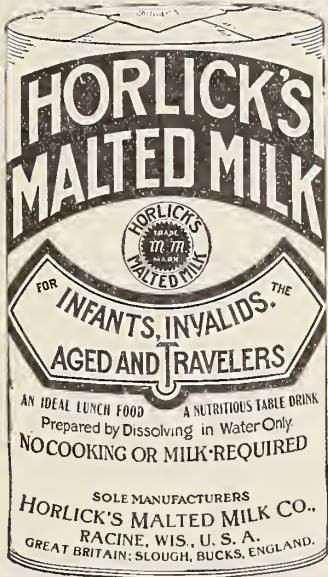
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- SECTION OF DERMATOLOGY.** Third Wednesdays. Chairman, J. Williams Lord, M.D.; Secretary, I. R. Pels, M.D.
- SECTION OF GYNECOLOGY AND OBSTETRICS.** Second Fridays in October, December, February and April. Chairman, J. M. H. Rowland, M.D.; Secretary, Emil Novak, M.D.
- SECTION OF LARYNOLOGY.** Fourth Fridays monthly, 8.30 P. M. Chairman, Lee Cohen; Secretary, G. W. Mitchell.
- SECTION OF MEDICAL EXAMINERS.** Third Fridays in November and March. Chairman, J. D. Iolehart, M.D.; Secretary, W. E. Magruder, M.D.
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- SECTION OF OPHTHALMOLOGY AND OTOLGOY.** Third Wednesdays. Chairman, H. K. Fleckenstein, Jr., M.D.; Secretary, E. A. Looper, M.D.
- ALLEGANY COUNTY MEDICAL SOCIETY.** President, J. M. Price, Frostburg, Secretary-Treasurer, C. L. Owens, Cumberland, Md.; Delegate, J. M. Spear. Second Wednesdays of January, April, July and October; annual meeting in January.
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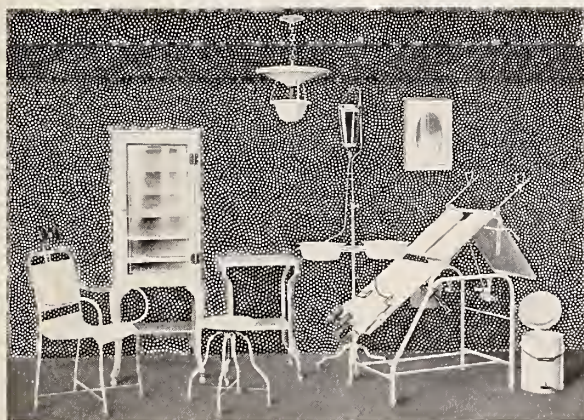
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OF THE

## MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

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VOL. VIII

BALTIMORE, DECEMBER, 1915

No. 6

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### RÉSUMÉ OF TEN YEARS OF GROWTH.

In this issue, Dr. John Ruhräh, who has served the Faculty as Secretary so ably, gives a résumé of the great growth of the Faculty since the adoption of our Constitution, in conformity with that of the American Medical Association, and coincident with his term of office. It is well for our members to pause, every few years, and meditate: not only that they may be proud of what has been achieved but humble, too, that even greater things have not been accomplished. Dr. Ruhräh has brought facts to our attention in a forceable way, making no mention of the hours he has labored to make them realities. Serving under many captains his steady hand was always discernible at the helm guiding this old Faculty through the shoals of reorganization out into smoother waters. The secretaryship of any association is no sinecure, and when a man serves with a singleness of purpose and a fine sense of justice for all, without recompense, not only our thanks for service well done but our appreciation of the personal sacrifice such service has entailed are his due.

A summary of the work done since the Physicians Defense By-law has been in force also appears in this number. This has been one of the big factors in broadening the Faculty's scope, and, as we were one of the first societies to adopt such a plan, this summary will be reprinted for distribution. Some concise statement of the work is necessary that the many inquiries received regarding our plan for defense may be properly answered.

We have been especially fortunate in having Mr. James U. Dennis as our attorney. Mr. Dennis and his associate, Mr. S. K. Dennis, have handled the cases referred to them for Defense most ably, displaying unusual tact in the settlement of cases out of court and giving judicial advice on many Faculty matters not pertaining to Physicians Defense.

## RETROSPECT OF A DECADE.

BY JOHN RUHRÄH, M.D.

When one has served as secretary of an organization for ten years and that ten years has happened to have been the decade in the entire history of the organization in which the greatest development has occurred, it may not be out of place in surrendering the office to one's successor to call attention to some of the changes, some of the growth and development that has come about during that time. The history of the Medical and Chirurgical Faculty of Maryland has been admirably dealt with by Cordell in his *Medical Annals of Maryland* and on going over this volume, which covers a century, 1799-1899, one cannot find a record of more new things or of a greater expansion in Faculty work than has occurred since the adoption of the new constitution in 1904. At that time the Faculty was housed in a remodeled dwelling house on Eutaw Street. There were some six hundred members of the organization, it was always more or less in debt, especially toward the end of the fiscal year. At this time members were allowed to owe their dues for a period of three years before they were dropped and after having been out a year could be reelected to membership without the payment of back dues so that a considerable loss of income made the problem of making both ends meet one of unusual difficulty.

The first change to be considered under the new constitution was to place the entire business management of the Faculty on what might be termed a strictly business basis; and in place of having the accounts and records kept at various places, at the homes or offices of the officers, to have everything relating to the Faculty kept at headquarters. The system of accounts with the various members and with the component societies were naturally, and due to no fault of the officials, in a very chaotic condition owing to the formation of county societies composed partly of members who had been in the Faculty for a number of years and partly from new members. The members of the county societies who had been members of the Faculty had an account with it, some paid up to date and some more or less in arrears. The new members, of course, began their accounts with the treasurer of the county societies. Some difficulty was occasioned through the county societies having to elect only members who had passed the various county boards of Censors. To many this seemed an indignity but was in reality only a very wise constitutional necessity. After one year's services as Secretary, the House of Delegates acted on the suggestion made to them by the Council that the offices of Secretary and Treasurer be united in order to adjust the numerous cases arising with the county societies and individual mem-

bers, and I was elected to serve as Secretary and Treasurer for the years 1905-1906. After having become familiarized with the Faculty work as Secretary I made a report to the House of Delegates in April, 1906, in which I stated:

During the past year the offices of Secretary and Treasurer were united in order to effect certain changes in the financial management of the Faculty with as little friction as possible and to facilitate the adjusting of the finances of the component societies and the Faculty. This arrangement proved highly satisfactory and owing to the hearty coöperation of the county society officials all the changes planned were carried out. These changes consisted in getting every account between the members of the component societies and the societies themselves and the Faculty adjusted and a complete record of the financial standing of every member noted on the card index. A second change effected was the enforcing of the new fiscal year, i. e., running the accounts on the calendar year instead of on the old April to April basis. In connection with this the collecting of accounts in advance in accordance with the provisions of the Constitution was put in force. It is safe to assert, however, that the finances of the Faculty are in better condition than they have been at any time in recent years, if not since the organization of the Society.

During this year numerous other changes were made, voucher checks were instituted for the payment of all bills and the system of issuing membership cards each year with the receipt of the dues to take the place of the membership certificate formerly sent to new members was begun. These cards are so worded as to show whether or not the member is entitled to Physicians Defense. In addition to this a card catalogue was made of all the physicians in the city and state.

In 1906 the two offices were again separated and Dr. William S. Gardiner was elected to the office of Treasurer which he has filled since that time with extraordinary faithfulness and efficiency. The education of the members to the new order of things was not accomplished without some difficulty but in the main the adjustment to what might be called a non-favoritism basis, everybody being treated alike, was put in force with remarkably little difficulty. For a number of years there continued to be certain members who thought they should be made exceptions in regard to the time their dues were to be paid, but a strict adherence to the rules adopted soon did away with all cause of complaint.

The organization of the county societies was a very considerable task which was accomplished through the efforts of certain of the presidents who were particularly active in this direction. With great sacrifices of time, paying their own expenses, these men visited the various counties of the state during their presidency and their work in building up and maintaining active and strong organization societies cannot be too highly praised.

In 1904 at the September meeting held in Ocean City the Osler Com-



mittee was appointed with the idea of doing something in honor of the one man above all others who during his stay in Baltimore had contributed to the success of the Faculty and particularly to the upbuilding of its library. After collecting a certain amount of money and securing pledges for more, this committee rested on its oars to be revived a couple of years later and the present comfortable Faculty building was erected through the offices of a building committee which was composed of the original Osler Committee with one or two additions. To the members of this committee and to all the others who helped in the work of collecting money, too much praise cannot be given. The work was not carried on without difficulties. There was considerable opposition to erecting the building at all and many were not inclined to take the risk of such a large financial burden. There were some who knew, however, what material we had to work with and these men realized how much could be done, and even in the hours when things were going very slowly I do not think any of them lost faith in the final success of the undertaking. The writer of these reminiscences was a member of the Osler Committee and of the building committee, as well as of the smaller committee of five members upon whom the immediate supervision of the erection of the building devolved. He was also appointed Treasurer of the building committee and with the assistance of some of the other members of the committee, had charge of the financial arrangements. The building was dedicated in May 1909 and is one of the best equipped medical libraries in the United States.

Another feature of the work of the Faculty was the starting of another method of the publication of its reports. It became manifest that the single volume of yearly transactions was not sufficient. There was needed some other means by which all the members could be communicated with at least once a month, a publication in which notices and lists of members and the various numerous other things which go to make up the transactions of societies could be published. From 1905 to 1908 an arrangement was made with the *Maryland Medical Journal* to utilize part of their publication for this purpose and while this was a great step forward it could not be regarded as ideal and for the two years, July 1908 to June 1910, the Faculty tried out a publication of its own. This was done at the suggestion and under the business management of Dr. H. O. Reik, who guaranteed financially the first two years of its existence. He demonstrated conclusively the faith which he had in this enterprise and in July 1910 the publication was taken over by the Faculty and the BULLETIN has continued to be essentially selfsupporting ever since. Those familiar with the publications of other state societies know that this BULLETIN stands among them as a model both in makeup and in the cleanness of the ma-

terial published and of its advertisements. It is not intended to be a medical journal but an organ of communication for the Faculty.

The Faculty was one of the first state societies to take up the question of giving the members defence in suits for alleged malpractice. In 1905 a by-law was passed which has since been somewhat modified which provided that all members who paid their dues before the first of February of any current year would be granted defence and this was found to work excellently. This had the double advantage of being satisfactory to the members as individuals and to the Faculty as an organization. For his mere dues the member who pays in advance receives a benefit which in the market sells for fifteen dollars a year. The Faculty on the other hand has something to offer its members and has profited by the prompt payment of dues which has resulted. Under this by-law we have not been idle.

*Membership.*

YEAR	CITY	COUNTY	TOTAL	PAID IN ADVANCE
1904.....	459	441	900	
1905.....	445	357	802	
1906.....	456	405	861	496
1907.....	465	449	914	559
1908.....	546	477	1023	899
1909.....	542	491	1033	690
1910.....	518	551	1069	723
1911.....	509	538	1047	808
1912.....	515	516	1031	801
1913.....	524	515	1039	811
1914.....	531	516	1047	885
1915.....	592	511	1103	924

The number of suits defended is thirty-two, while counsel was sought in a number of cases that did not come to trial.

While on this question of membership it will be interesting to note the increase which has taken place since 1904 and I subjoin a table showing the number of members and of interest in connection with the above defence features are the figures showing the numbers which have paid in advance.

It will not be possible to mention all of the important things that have been started in the past ten years but one cannot pass by the work of the Public Instruction Committee, which, from a small beginning, has grown to be a model for other states much as our defence by-law has been a model for other states. The Public Instruction Committee has been in the hands of active, energetic men and in 1911 the first health convention was

held and was found to be such a great success that it has been continued since that time. This Committee has not limited its work to the city but meetings have been held in the various counties throughout the state, and traveling expenses showing the various phases of health work have been shown in the principle county towns. Last year the work was extended to the colored race and a special series of lectures and exhibitions was given for their benefit which led to the formation of societies of colored laymen who are interested in the uplift and hygiene of their race. To those who have served on the Public Instruction Committee and with it, under its direction, the general public as well as the Faculty owes a vote of thanks. Only those who are familiar with the very wide scope of this work can form any idea of the many who have been reached.

Among the other important things that have added to the welfare and prestige of the Faculty may be mentioned the establishment of the Trimble lectureship and the Finney Fund for the purchase of books and journals on surgery and allied subjects. These funds show a continuation of the spirit that started the Baker Fund, the Osler Endowment Fund, and the Frick Fund. The legacy of Dr. Charles M. Ellis to the Faculty marks an epoch in its history as it will be the real beginning of making the Faculty a properly endowed institution. Let us hope that the truth of the dictum stating "to him who hath" will be fully realized in the near future. The faith of Dr. Ellis in the future of the Faculty will be a constant reminder to others.

There is one branch of the work of medical reorganization in which we have lagged behind some other states and that is in establishing a large fund for the purpose of caring for the indigent members and their families. It is true we have had for years a small fund, started some years ago by Dr. E. F. Cordell, and the interest of this has been used from time to time; but it would seem to me that the time has now come when the work could be extended so as to be of positive value to those of our members, and their families, who may need a helping hand at some time.

One other feature of the work needs a word and that is the Library. The growth of this has been steady, in 1896 the Library boasted some 7000 volumes while to-day it has over 25,000 exclusive of duplicates. This collection contains some valuable Americana, a remarkable collection of old writers and splendid journal sets of inestimable value. This growth has been due to the work and influence of Dr. Osler and the members who have so successfully served on the various Library Committees, but we need more. We should have complete journal files of the more important publications, we should have a fine collection of Americana, and we should have a large list of new text books and monographs. If everyone would bear the Library in mind many of the needs could be easily



supplied; and if those who have any volumes of worth would remember us in their wills we will be able to disprove the saying that a Library is not books but architecture. There should be special funds, the interest of which could be used for the purchase of books on special subjects—as for example an Ophthalmologic Fund, a Pediatric Fund, etc. Who will be the first to start new funds either by gift, legacy or the collection of money?

During the ten years of my Secretaryship I have served as a member of the Publication Committee and have contributed my quota of editorials and other contributions and have as far as possible furthered the work of the organization by a close supervision of all the printing done for the various branches of the work. As a member of the Council the Secretary attends its meetings and acts as its clerk and since the organization of the Council in 1904 there have been eighty-one meetings almost every one of which has been attended. All the office work has been systematized and a schedule of the routine work prepared so that each component society is communicated with frequently.

The position of Secretary is no sinecure, and one purpose of writing the foregoing was to record the fact in order to forestall if possible the election to that office of anyone not truly interested in the work and welfare of the Faculty. This is true not only of a state medical society but is particularly true of the component county societies, as has been demonstrated amply in the past ten years. The life, growth and development of the county societies has varied in direct relation with the interest, energy and ability of the secretary. The Faculty has a future and that future can only be earned by the hard conscientious work of its officers and members, work often in the face of opposition and misunderstanding.

We have, I think, ably demonstrated that a medical society has other functions than the mere hearing of papers and of political wrangling, and yet prior to the last decade the average medical society meant little if any more. Today the ideal is changed and we labor altruistically for the education of the public without and for the mutual benefit of the members within, and we have succeeded. Tomorrow the ideal may be different but it should be followed none the less strenuously with honesty of purpose and with efficient attainment.

One could not refer to the work of the past ten years without thanking Miss M. C. Noyes who has been in charge of the Library and who has acted as manager of the Faculty building. To her and her assistants too much praise can not be given for their continuous effort to make the work of the Faculty a success.

PHYSICIANS' DEFENSE  
OF THE  
MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND

The present plan of defense was adopted in April, 1905, a year after the reorganization of the State Society in conformity with the plan suggested by the American Medical Association. At the beginning an attorney was employed for \$100 per year, for which consideration he gave legal advice to our officers, and undertook the defense of such suits as were accepted by the Council. The attorney served the Faculty faithfully for over five years for this nominal fee, and saved many times the amount. The large increase in the work, especially in county cases, made a change of contract necessary in 1910. The essential features of the present contract are: annual retainer fee of \$100 as legal adviser and counsellor for the Faculty; an additional fee of \$25 for preparation in each malpractice suit; \$25 for each day in court, and traveling expenses.

To secure Faculty defense, suits must be approved by the Council, as outlined in our Constitution and By-Laws. At a meeting of the House of Delegates, in 1909, the Council was instructed to apply the most liberal construction possible to applications for defense while adhering to the By-Laws.

The expense for defense for the years 1905 to 1909 was covered by the regular annual fee mentioned above; but in addition to the attorney's fees, there are always certain court expense which must be met even when the case is won. The cost per year is as follows:

1905.....	\$50.00	1910.....	\$517.88
1906.....	100.00	1911.....	284.15
1907.....	100.00	1912.....	110.00
1908.....	100.00	1913.....	1857.62
1909.....	100.00	1914.....	937.12
1915.....			\$959.62

This was all paid from the Faculty treasury, with the exception of 1913, when a special contribution was made to finance a test case as to whether the attending physician or the hospital should be held responsible for negligence on the part of the hospital staff.

The State dues for members of the Baltimore City Medical Society are \$8 per year having been raised from \$6 in January 1909; and those for members of the county medical societies are now \$3, having been increased one dollar since January 1912. Both of these increases were made necessary by the increase in running expenses, and for defense.

The services and privileges granted to members are alike to all, and on

a business-like basis; so that no defense case may be considered when dues have not been paid as specified in Chapter IX, Section 9 of the By-Laws.

A statement of the cases for defense which have been taken care of during the past ten years is given herewith: Cases concluded favorably, 21; cases open, probably never be pressed for trial, 6; cases open and apparently active, 5; total number of suits considered, 32.

There were eleven county physicians defended, sixteen in Baltimore City, and advice given in several instances where suit was threatened but never filed. Several of the cases won were real victories, and these have established a wholesome fear of defeat which has lessened the number of suits. The support rendered the defendant by his professional confrères, as experts on the witness stand, has been of a high character; and too much cannot be said of the loyal way in which members have responded to such calls for help.

ADDRESS OF WELCOME BY DANIEL B. SPRECHER, M.D.,  
PRESIDENT OF CARROLL COUNTY MEDICAL SOCIETY.

*Members of the Medical and Chirurgical Faculty, fellow members of the Medical Profession.*

GENTLEMEN: It gives me great pleasure on behalf of the Medical Society of Carroll County, to welcome you to this historic town, our County Seat, which you have done us the honor to select as the place of your Semi-Annual Meeting.

Such reunions are at all times pleasant and profitable, but we anticipate special profit from this occasion which brings to our midst representatives of the various schools of medicine, whose alumni have furnished a long line of illustrious men, eminent in their profession and famous in their achievement.

As a Society we are not ashamed of our personnel and standing. It has been and is our aim to keep in line with recent discoveries and improved methods of the profession.

We await with eagerness the opportunity offered us for profiting by the presentation and discussion of the valuable papers of this honorable body of fellows and we feel assured we shall not be disappointed.

We cordially welcome you and trust the day will be so pleasantly spent that it will warrant you in again visiting us.

ADDRESS BY J. W. HUMRICHOUSE, M.D., PRESIDENT OF THE  
MEDICAL AND CHIRURGICAL FACULTY.

In behalf of the Faculty, I wish to express its appreciation of the address of the President of the Medical Society of Carroll County. We thank



the physicians of Westminster and Carroll County and the President of Western Maryland College for their kind welcome. The semi-annual meetings have always been pleasant occasions by reason of the courtesy which is extended the Faculty. The towns where the meetings have been held have added to this pleasure: The charm of ancient Annapolis; Upper Marlboro in historic Southern Maryland; the lure of the Atlantic at Ocean City; Cambridge, Easton, Elkton; Braddock Heights recalling a march through the wilderness; Westminster.

There are a few matters which have become prominent since the April meeting to which I would like to refer briefly. The subject of post-graduate instruction was introduced into the House of Delegates more than a year ago. Last May it was tried at Hagerstown with complete success. Under the auspices of the Committee on Post Graduate Work and Instruction composed of Drs. Wroth, Gardner, Shipley and Barker, clinics upon pulmonary and cardiac diseases were held by Drs. Austrian, Miller and Hamman. The series lasted a week and was attended by all the physicians of Hagerstown and Washington County. The assessment per capita for expenses was one dollar and a half. Frederick and other counties are now arranging for a course and I am sure Carroll will follow their example.

Another matter which concerns chiefly the city members is the Dispensary Abuse. Dr. M. M. Savage in a paper at the annual meeting, stated that the fee of about 90 per cent of the physicians of Philadelphia is 50 cents and that the main cause of this scanty remuneration is the Dispensary. Philadelphia has seen an increase of free medical treatment in 23 years from 15 per cent to 23 per cent. New York shows an increase from 16 to 45 per cent. In 1911, 665,000 free patients were treated in the borough of Manhattan and in Chicago half a million. In reference to Baltimore, a large number of medical men, most of whom are members of the Faculty, are hard hit by the flagrant abuse of medical charity and they look to the State Medical Society for relief. At the suggestion of Dr. Hiram Woods, Dr. Earle in 1907 appointed a committee with Dr. William Thayer as chairman to "Investigate the Extent and Possibility of Correcting the Dispensary Evil." The Committee reported that improvement in existing conditions could be brought about only by thorough coöperation of the City Medical Society with the charity organizations of the city, and was then discharged.

It is suggested that a permanent committee on Dispensary Abuse should be appointed: a standing committee which will deal with the problems as they present themselves and which will make its report like the other standing committees of the Faculty.

Lastly, I would refer to our relation as a component part of the Ameri-

can Medical Association as obliging us to consider the report of the Council on Pharmacy and Chemistry upon the use of proprietary medicines. Ten years ago the Council on Pharmacy and Chemistry of the American Medical Association was created for the purpose of eliminating or abating the evils connected with proprietary medicines. The report is too long to be read here. It is suggested also by the Council on Pharmacy and Chemistry that a resolution be submitted to the component societies endorsing its work. The resolution suggested states:

"We believe that every effort must be made to do away with the evils which result from the exploitation of the sick for the sake of gain. Earnestly believing that the continued toleration of secret, semi-secret, unscientific or untruthfully advertised proprietary medicines is an evil inimical to medical progress and to the best interests of the public, we declare ourselves in sympathy with, endorse, and by our best efforts will further the work which has been done and is being done by the Council on Chemistry and Pharmacy of the American Medical Association."

#### THE VARIOUS ACTIVITIES IN WASHINGTON COUNTY RELATING TO PUBLIC HEALTH EDUCATION, BY VICTOR D. MILLER, JR., M.D.

It has largely devolved upon public spirited citizens in local communities to stimulate a personal care and responsibility among its own people, and the educational method is the only efficient one of achieving a reform, as an educated public opinion will secure and enforce any proper health law.

The choice of methods which must be employed in public education in any community must depend upon the intelligence, the progressiveness, the prosperity, the indifference, the political affiliations and the direct or indirect association of its citizens in relation to the problems to be considered.

The intelligent, the progressive and the prosperous are always receptive and anxious to improve their condition and therefore little effort is necessary to influence them, while the opposite and indifferent classes are not anxious or even willing to be informed, consequently methods must be selected which are plain, forcible and which illustrate concrete examples.

The politician refuses instruction absolutely fearing that he may inadvertently give expression to or do something which may offend a voter; and he realizes that all Public Health Education means reform and this in turn probably increases the taxes and is additional expense and annoyance to the parties directly or indirectly affected by such reform.

The class who are easily attracted and who even frequently volunteer to assist in this educational work are those who have been associated with certain diseases or health conditions requiring attention.

The first permanent interest was created by the visit of Mrs. Crane, the civic expert from Kalamazoo, Mich.

Her methods were to make careful surveys of various local conditions such as markets, milk, hogpens, schools etc., in the forenoons; and in the afternoons and evenings describe the conditions and recommend ways and means for their corrections, announcing through the press the subject for each proposed meeting and subsequently giving the detailed reports of these meetings.

Probably the most important movement was established when Dr. W. S. Thayer gave a public lecture in the Court House at Hagerstown on Tuberculosis and assisted in effecting a permanent county organization as a unit of the State Association.

Miss Hemmerle, a trained tuberculosis nurse and social worker, organized and conducted the tuberculosis work together with the other conditions and charities for one year. Following her Miss Casey with theoretical and a large practical training and personal resources has acted as tuberculosis nurse, public health nurse, Metropolitan Life Insurance Company's nurse, nurse for the Western Maryland Railroad picnic, nurse for the First Aid room at the Hagerstown Fair.

She reads papers at various State and National conferences, and is a member of the Executive Committee of the Maryland State Conference of Charities and Corrections.

Miss Casey finds that an automobile, presented to the society by one of the prominent families of the County, increases the scope and efficiency of her work as well as attracting attention to the work. It was shown in the Rockville Fair parade, the Chautauqua parade, at the Metropolitan Life Insurance Company's and the Western Maryland Railroad picnics, as the only automobile used for this purpose in Maryland. A free dispensary is conducted in Miss Casey's offices by Dr. Victor Cullen and local volunteer physicians.

The Medical Society, the Tuberculosis Society and the Civic League, jointly, secured the passage of an anti-spitting ordinance with penalty, bringing it to the attention of the public through the press and by placing placards of warning in the street cars and both inside and outside of public buildings.

The annual meeting of the County Tuberculosis Society is always held in the Court House and addressed by prominent speakers.

Tuberculosis Sunday has been honored by most of the churches and the moving picture shows have used a number of the National Association Public Health films.

The County Medical Society took charge and distributed the literature of the State Tuberculosis Society's Traveling Exhibit two years at the Hagerstown Fair.



## TUBERCULOSIS.

For several years past Dr. V. M. Reichard and Dr. Peregrine Wroth have been touring Washington County in the interests of the tuberculosis campaign. Dr. Reichard has given twenty-five lectures on tuberculosis, illustrated by about one hundred and fifty lantern slides, many of which were made by Dr. Wroth and represent local conditions.

All of the towns in the County have been visited and the campaign has been carried from the eastern to the western and from the northern to the southern boundaries of the County. Many of these lectures were given in churches and school houses where electric current to run the lantern could not be obtained and an ordinary prestolite tank taken from an automobile was used as a substitute.

The amount of interest shown in these lectures has been remarkable, especially in smaller villages. By means of these lectures not only have the people been taught the principal facts about tuberculosis, but their interest has been aroused to such an extent that the sale of the Red Cross Christmas Seals, on which we depend largely for the support of our visiting nurse, has been made proportionately as large in the country districts as it is in Hagerstown itself.

Dr. Reichard is still continuing his work and just recently addressed a Men's Club in Hagerstown on this subject. In addition to these tuberculosis talks, this indefatigable lecturer gives sporadic addresses throughout Washington County and in neighboring counties of Pennsylvania, on Eugenics, Hygiene and The Social Evil.

## MEDICAL INSPECTION OF SCHOOLS.

During the year 1914 a committee appointed by the Washington County Medical Society conferred with the school board in regard to the establishment of medical inspection, the conclusion reached was that State legislation was necessary for its provision and enforcement; and in order to bring to the attention of the public the necessity for such inspection, the Civic League, through the district nurse arranged an experimental inspection which was made by a few of Hagerstown's physicians. Of 794 children examined only 78 normal children were found.

The examination consisted of an inspection of the general appearance of the child, for strabismus, far and near vision, nose, throat and ears. Many parents responded to the advice to consult with their family physician and receive proper treatment. Liberal press publicity was given to the results of this work.

The milk consumers of Hagerstown are much gratified over the passage in 1914 of a comprehensive and stringent milk ordinance for Hagerstown.

Much more attention is now given by the consumer to a personal investigation as to his own dairyman's premises and the method of handling milk as well as the home care after delivery from the dairyman.

#### PUBLIC MEETINGS.

During one summer the Medical Society held scientific meetings in various towns in the afternoons and meetings in the evenings for the public, discussing health problems, especially tuberculosis.

Drs. T. S. Cullen and J. C. Bloodgood gave a joint lecture, illustrated with lantern slides before a crowded Teachers Institute. Dr. Cullen spoke on "The results already obtained in the cancer campaign," and Dr. Bloodgood spoke on "How we can increase the number of cures of cancer."

Dr. Hiram Woods gave a public lecture on "The conservation of vision of the school child," illustrated with lantern slides.

Drs. Lunsden, Fort, Stokes, C. H. Jones and others have given public lectures in the Court House and churches for the colored people in connection with the State Faculty's Health Exhibit, which was continued for one week.

During 1914 Mr. Beasley gave a lecture in the Court House explaining the great value of the shade tree from various standpoints.

#### GENERAL.

The usual Fourth of July precautions have been urged by Hagerstown's Mayor and the newspapers with the result of almost no accidents.

The Board of Trade and Civic League have conducted annual Clean-up, White-wash, Fly and Mosquito Campaigns, working largely through the public school children. One citizen attempted to buy from the children all the old tin cans. He was almost swamped, but he made the public think.

The Civic League has awarded prizes to the school children for the greatest improvement in cleaning up and beautifying back yards.

Each year the Metropolitan Life Insurance Company maintains a large space at the Hagerstown Fair for the distribution of literature pertaining to health preservation.

The Board of Trade distributed to all the school teachers in the county the so called "Health Alphabet" and a list of Safety First rules with the request that explanation of each one be made once a week.

A city park, a garbage system, waste-paper cans on telegraph poles, the equipment of public school yard play-grounds have been established only after persistent agitation and publicity.

## WATER.

Litigation has been a most unique method of teaching the public the necessity for pure drinking water; but for the persistent litigation on the part of Hagerstown's Mayor and Council and the consequent newspaper publicity over a series of years, an indifferent public would never have taken a stand against the pollution of the sources of its water supply.

No amount of publicity or influence has secured a City ordinance to eliminate hog-pens from the City limits and even the campaign carried out as outlined by the untiring Dr. Watson was unsuccessful in having passed an anti-noise ordinance.

With such stimulation as comprehensive State Laws and an active State Board of Health, Hagerstown is assured of a sewerage system. Had this been submitted to the vote of the public it would undoubtedly have been rejected.

It may thus be noted that Washington County Public Health Education Methods are not infallible.

## SUMMARY.

1. The Public Press is the most valuable single agent.
2. Important to supply double space typewritten copy.
3. Important to supply early and to all papers at the same hour.
4. Important to make notices *short* with big headlines.
5. Important to secure prominent position.
6. Important to insert notices in the morning issues of the day of meeting.
7. Public will not read long newspaper notices.
8. No public lecture should last longer than 45 minutes and preferably 30 minutes.
9. The speaker should use language intelligible to his audience.
10. The public will not assimilate long lectures.
11. Valuable literature and methods may be obtained from the—
  1. Safety First Federation of America.
  2. United States Health Reports.
  3. National Tuberculosis Association.
  4. Metropolitan Life Insurance Company.
  5. Department of Agriculture.
12. The greatest hope lies in the education of the child in the home and in the schools.



## APPOINTMENTS OF COMMITTEES, 1916.

*Legislation A. M. A.*—Herbert Harlan, Alexius McGlannan.

*Public Instruction Committee.*—Emil Novak, S. J. Fort, Lilian Welsh, A. H. Carroll, W. D. Wise.

*Post Graduate Work and Instruction.*—Peregrine Wroth, Jr., W. S. Gardner, A. M. Shipley, L. F. Barker.

*Midwifery Law.*—Mary Sherwood, L. B. Whitham, F. V. Beitler, P. F. Sappington, J. McF. Bergland.

*Memoir.*—J. T. Smith, C. Deetjen, C. F. Davidson, M. G. Porter, W. R. Fareekson.

*Fund for Widows and Orphans.*—J. H. Robinson, J. I. Pennington, Howard Bratton, Charlotte B. Gardner, H. M. Lankford.

*Defence of Medical Research.*—W. W. Ford, T. R. Boggs, J. C. Hemmeter, H. H. Young, N. R. Gorter.

*Medical Education.*—Herbert Harlan, W. F. Lockwood, Randolph Winslow.

## MINUTES OF THE SEMI-ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY

*Westminster, October 28, 1915.*

The semi-annual meeting was held in the Library of the Western Maryland College at Westminster, one hundred and ten members and guests being present. The meeting was called to order at 10.30 a.m., Dr. J. W. Humrichouse presiding, and the program was carried out as follows:

1. Address of welcome.....DR. D. B. SPRECHER  
President, Carroll County Medical Society
2. Reply.....DR. J. W. HUMRICHOUSE  
President, Medical and Chirurgical Faculty
3. Address.....REV. T. H. LEWIS  
President, Western Maryland College
- Motion of thanks to Dr. Lewis by Dr. Rowland
4. Spinal anesthesia.....DR. HERBERT C. BLAKE  
(Read by title)
5. The various activities in Washington County relating to Public Health Education  
DR. V. D. MILLER, JR.  
Discussed by Dr. R. Winslow
6. Prevalence of disease in apparently healthy colored girls—an investigation  
DR. GORDON WILSON.
7. Diagnosis of malignancy in the mammary gland.....DR. A. C. HARRISON  
Discussed by Drs. Winslow, McGlannan and Harrison
8. Recommendations of Midwifery Committee .....DR. MARY SHERWOOD  
Discussed by Drs. Burnam, Richard, Norris, Scott, Sherwood, S. R. Clark, H. R. Clark, H. Woods. Dr. Woods then moved that the matter be referred to the Council. Seconded by Dr. J. McP. Scott and carried.

9. Practical management of patients with renal disease.....DR. T. C. JANEWAY  
Discussion by Drs. Barker, Kintzing, Rowland, Burnam, Hill and Wilson.

Dinner was served the members and guests in the big dining-room of the College, and in spite of the fact that the number of those attending was much larger than expected from the names sent in advance, the officials of the College took care of all in a splendid manner. After dinner Dr. L. F. Barker gave a vote of thanks to Dr. and Mrs. Lewis for their generous hospitality, which was attested to by a rising vote of all those present. The College Buildings were thrown open for the members, that they might see the student body both at work and at play. Songs were sung by the students, and a rousing cheer given for their guests.

The afternoon session was called to order at 3 p.m., by the Vice-President, Dr. J. E. Deets. The chair was assumed later by the President and the following program carried out:

1. Importance of radium in the treatment of uterine cervical and vaginal cancer.....DR. C. F. BURNAM  
Discussed by Dr. Hunner
2. Linitis plastica hypertrophica (Leather bottle stomach). Report of a case.....DR. A. McGLANNAN  
Discussed by Dr. Janeway
3. Aleucaemic lymphadenosis.....DR. T. B. FUTCHER  
Discussed by Drs. Janeway and Wilson
4. Treatment of psycho-neurosis.....DR. N. M. OWENSBY

Dr. Alexius McGlannan acted as Secretary for the meeting, which adjourned at five o'clock.

#### HOUSE OF DELEGATES.

The House of Delegates was called to order by the President at 2.30 p.m.; and several matters referred to it were discussed but had to be referred to the Council as there was not a quorum present.

#### SOCIETY NOTES.

#### COPY OF RESOLUTIONS PASSED BY THE SOUTHERN MEDICAL ASSOCIATION, AT DALLAS, TEXAS, NOVEMBER 8-11, 1915.

WHEREAS, The President and the Honorable Secretary of War have announced in the public press that a scheme for the reorganization of the Army will be presented to Congress at its coming session, which will materially increase the military establishment, and

WHEREAS, We recall the indignant protests and criticisms of the Nation at the failure to provide adequately for the sick and wounded at the beginning of the Civil War and the Spanish-American War, and

WHEREAS, It is known that this failure was due to the lack of a sufficient number of medical officers in the regular army and a means for increasing the medical establishment at the outbreak of war, and

WHEREAS, In spite of the lessons of the Spanish-American War, which were fresh in mind in the reorganization of the Army in 1901, the Medical Department was not properly increased, and no provision was made for its expansion in time of emergency, and

WHEREAS, to correct the defects in the 1901 legislation, subsequent legislation was necessary in which the medical profession of the United States was called on to assist.

*Therefore*, be it resolved by the Southern Medical Association, in session at Dallas, Texas, that the Secretary of War be petitioned to make adequate provision in the reorganization of the Army about to be presented to Congress for a sufficient number of medical officers for the regular establishment, which provision should aggregate a proportion of medical officers of, at least, seventy-five hundredths of 1 per cent of the enlisted strength of the Army, or such number as the Surgeon-General of the Army may deem necessary, and

*Be it further resolved* that the Secretary be petitioned to make provision in this reorganization for the expansion of the Medical Department at the beginning of war, by calling into service in the Medical Reserve Corps physicians from civil life who have been instructed in their special duties as medical officers in our summer camps, and otherwise as the War Department may see fit.

### BALTIMORE CITY MEDICAL SOCIETY.

#### SECTION OF NEUROLOGY.

*(Continued from October Bulletin.)*

III. Dr. Edgar Friedenwald reported a case of multiple tubercles of the brain, followed by a demonstration of pathological specimen by Dr. Wm. Greenfeld.

The patient was a child, aged 7, with a positive blood-Wassermann, suffering from convulsive attacks. Convulsions were always preceded by an aura, and began with tonic spasm of the right arm and leg. There was no improvement under anti-luetic treatment, and the patient died 18 months after onset. Necropsy showed many large tuberculous masses scattered through both cerebral hemispheres, some on the surface. The meninges over the site of the surface masses were studded with tubercles, and there was some involvement of the apex of the left lung.

Discussion by Drs. C. M. Byrnes and I. J. Spear.

Dr. Spear asked if there was any exudate at the base of the brain, and if the patient had a general meningeal involvement.

Dr. Greenfeld, closing for Dr. Friedenwald, said that there was no meningeal condition except directly over the surface tumors.

Meeting held March 15th, 1915.

Dr. C. M. Byrnes, Chairman, presiding.

I. Dr. Henry M. Thomas reported a case showing a peculiar type of paralysis. This patient presented a gradually developing bilateral ophthalmoplegia with ptosis; followed by inco-ordination in the movements of the arms, and a wabbling uncertain gait. There was no deafness. Dr. Thomas at first thought of the possibility of tumor of the pituitary. Von Pirquet's test was positive.

Discussion by Drs. C. M. Byrnes, A. C. Gillis, and James Bordley.

II. Dr. G. Lane Taneyhill, Jr. reported a case of brain tumor, and showed specimens. In this case abscess was thought of, as the patient had had an ear infection two years previously. The symptoms pointed to cerebellar growth, and decompression was performed. The patient died three days after operation.



Discussion by Drs. H. M. Thomas, C. M. Byrnes, and James Bordley.

Dr. Thomas called attention to the length of time such a condition might be present before pressure-symptoms became manifest.

III. Dr. C. M. Byrnes read a report on the value of spinal fluid examinations in cerebrospinal syphilis. Dr. Byrnes stated that while some time ago he considered that reduction in the cell-count and globulin-content, and a negative Wassermann in the spinal fluid, were the things to be aimed at in treating this condition; he now feels that these are secondary in importance to the clinical condition of the patient, and that further treatment should be governed by the latter.

Discussion by Drs. H. M. Thomas and A. C. Gillis.

Meeting held April 9, 1915.

Dr. C. M. Byrnes, Chairman, presiding.

I. Dr. C. M. Byrnes reported a case of complete bilateral trifacial paralysis, of syphilitic origin, without involvement of other cranial nerves. Dr. Byrnes stated that so far as he could discover from a search of the literature, this case was unique.

Discussion by Drs. A. C. Gillis, Irving J. Spear and G. Lane Taneyhill, Jr.

II. Dr. Wm. A. Boyd read a paper on impairment and loss of sexual power in acromegaly.

Discussion by Drs. A. C. Gillis, Irving J. Spear, C. M. Byrnes, G. L. Taneyhill, Jr., O. H. Duker, and R. A. Warner.

Dr. Gillis spoke of the unsatisfactory results of treatment with pituitary extract in such cases.

Dr. Byrnes called attention to the necessity of regulating the dose of pituitary extract according to the patient's carbohydrate tolerance.

Meeting held May 28, 1915.

Dr. C. M. Byrnes, Chairman, presiding.

I. Dr. D. D. V. Stuart, Jr., gave a brief outline of studies on the correlation of epilepsy with mental defect.

Discussion by Drs. C. M. Byrnes and W. A. Boyd.

II. Dr. Wm. A. Boyd brought up the question of the adaptation of intelligence tests for use with blind patients.

Discussion by Dr. D. D. V. Stuart, Jr.

## BOOK REVIEWS.

*The Physician's Visiting List (Lindsay and Blakiston's) for 1915.* Sixty-fifth year of its publication. Philadelphia, Pa.: P. Blakiston's Son & Co. Price, \$1.25.

The present issue of the Physician's Visiting List follows the general plan of its predecessors for sixty-five years, and full record of a busy man's entire practice may be kept in it. It contains a table for calculating the period of utero-gestation, also the usual list of incompatibilities, antidotes, metric system of weights and measures, a table for converting apothecaries' weights and measures into grams, a dose table, giving doses in both English and metric systems to correspond with U. S. P., the quarantine periods in infectious diseases, a chapter on asphyxia and apnoea, and finally a table for the comparison of thermometers. One special advantage of the book is its comparatively small size, so that it can be carried in the pocket quite conveniently. For completeness, compactness and simplicity of arrangement, it is excelled by none in the market. It is published in different styles, designed for 25, 50 and 100 patients per day or week.

## TWO NEW BOOKS ON INFANT FEEDING.

The BULLETIN has received two new volumes on the subject of infant feeding which are directly the opposites of each other. The first is

*Diseases of Nutrition and Infant Feeding.* BY JOHN LOVETT MORSE, A.M., M.D., Professor of Pediatrics, Harvard Medical School; Visiting Physician at the Children's Hospital, etc., and Fritz B. Talbot, A.B., M.D., Instructor in Pediatrics, Harvard Medical School, Chief of Children's Medical Department, Massachusetts General Hospital, etc. Crown Octavo. 375 pages. Cloth, \$2.50. The Mac-Millan Company.

This book is a short account of the scientific basis of rational infant feeding and also contains an account of the method taught in the Harvard Medical School. The high standing of the authors and their well-known scientific attainments make this book one of especial value, particularly to the individual who wishes to know the present state of our knowledge in regard to this all-important subject of the infant's nutrition. While giving a great mass of facts the book is for the most part very readable. The chapters on ferments and metabolism are necessarily unsatisfactory owing to the limited knowledge that we have of these subjects but what is given is authoritative. They have given in a few pages all that the general practitioner, in the present state of our knowledge, need know about these perplexing problems. The book also contains an account of the diseases in which diet is an important factor. All in all it is to be highly commended.

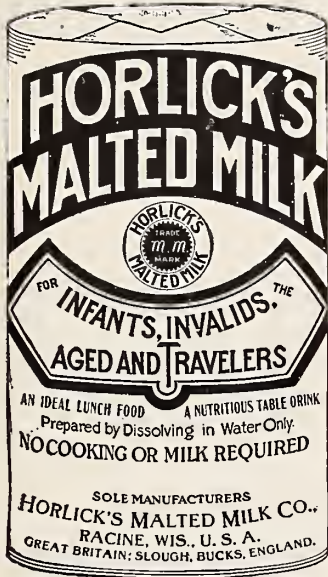
The second book

*Simplified Infant Feeding.* BY ROGER H. DENNETT, B.S., M.D., Adjunct Professor of Diseases of Children, New York Post-Graduate Medical School; Attending Physician of the Children's Department, New York Post-Graduate Hospital; Assistant Attending Physician at the Willard Parker Hospital and the Red Cross Hospital, New York. Octavo. 355 pages. 75 illustrative cases. 14 illustrations. Cloth \$3.00. J. B. Lippincott Company.

This little volume leaves out all consideration of the theory of infant feeding and is a very clear systematic exposition of the author's own methods of feeding infants and children. The whole book is exceedingly readable and contains a lot of case histories, showing the dietetic and other treatment so that one more or less unfamiliar with practical pediatrics may be able to find his way clinically, certainly with lessened difficulty. This book is just as important in its way as the one just mentioned above and it is a great pity that there are not more authors who write what they do and how they do it so that others working in the same fields can compare their methods with those of others. For the beginner the book will be found of a great deal of value because the practical lessons are not obscured with considerations of principles based on data which is at the present time more or less insufficient and which for some practitioners is a greater hindrance than help. Taken all in all, the two books together give a very good idea of what is being done in infant feeding in certain parts of this country.

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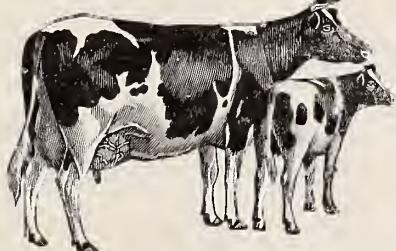
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to overcome the cause; for example, fat constipation is corrected by giving a skimmed milk feeding, deficient sugar constipation by adding  $\frac{1}{2}$  ounce of cane sugar to the regular formula. In some of the cases of persistent constipation it is often necessary to add milk of magnessia to the feeding, using one teaspoonful to the morning and evening feeding.

#### What to do in Vomiting

Vomiting may be due to many causes, the principal causes being: too frequent feedings, large hole in the nipples, allowing the food to be taken too rapidly; not keeping the baby quiet after nursing; tight belly bands.

The treatment of acute vomiting is, immediately stop all food. In severe cases even water should not be given. Calomel is at once given,  $\frac{1}{2}$  grain every  $\frac{1}{2}$  hour until 1 to 2 grains are given. The effect of castor oil is not as good in cases of vomiting as that of calomel because it is less apt to be retained, and thus its effect is spoiled.

One level teaspoonful of bicarb. of soda dissolved in a glassful of water, and a teaspoonful or two given at short intervals, often proves helpful in vomiting. Food should not be given until the vomiting has ceased entirely for a number of hours, and it is shown that water is retained.

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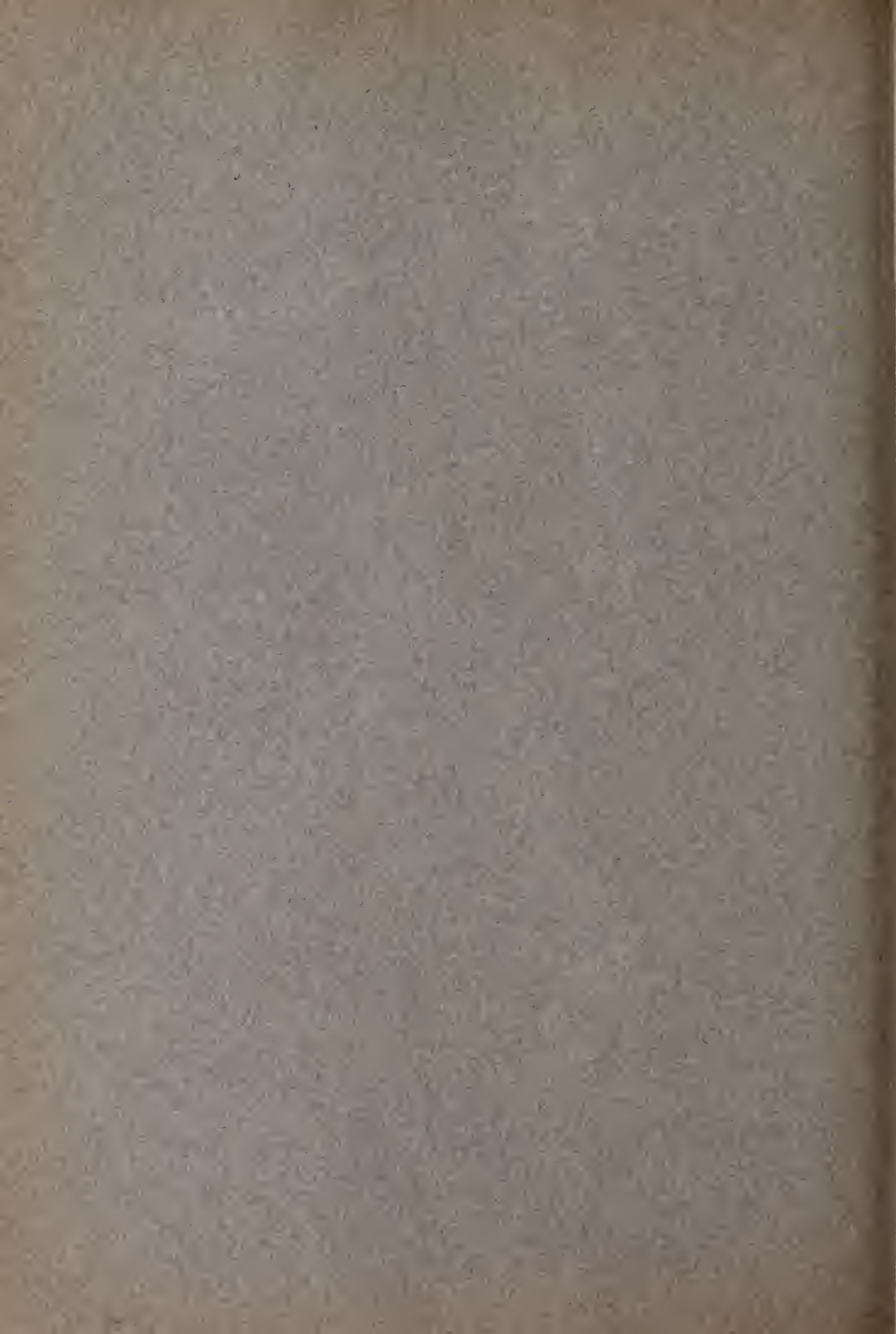
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Vol. VIII

JANUARY, 1916

No. 7

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Component Societies of the Faculty, with a list of their officers and times of meeting

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**SECTION OF GYNECOLOGY AND OBSTETRICS.** Second Fridays in October, December, February and April. Chairmad, J. M. H. ROWLAND, M.D.; Secretary, EMIL NOVAK, M.D.

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OF THE

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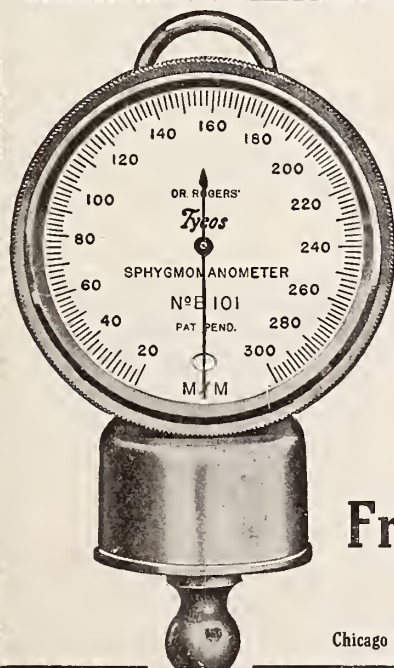
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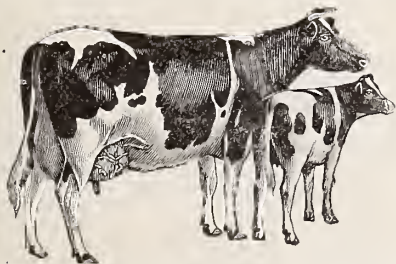
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VOL. VIII

BALTIMORE, JANUARY, 1916

No. 7

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### THE CHANGES IN OFFICERS FOR 1916.

A glance at the first page of the BULLETIN gives the officers for the coming year.

We are very pleased to welcome Dr. J. Whitridge Williams to the Presidency, after a long service as Chairman of the Library Committee. Dr. Williams' interest in the Library and the Faculty is too well known to need comment, and we may look forward to a most prosperous year under his guidance.

We also welcome a new Secretary, Dr. Joseph I. France, as the mantle of that office, worn so successfully by Dr. Ruhräh for over ten years, has fallen upon his shoulders, and we feel that we are also fortunate in this selection.

The trustees are omitted from the list of officers, as that body was abolished by an amendment to the Constitution at the last Annual Meeting. This amendment was suggested by a Trustee who, after several years of service under the new Constitution, felt there was no special function for such a body. The Council acts as the finance committee of the House of Delegates, and all business relating to the welfare of the Faculty is handled by these two bodies under the present Constitution. The Council was enlarged at the time the Trustees were abolished.

Dr. W. E. Magruder, Managing Editor of the BULLETIN, submits his own report on next page. All branches of the Faculty work have progressed during the past year, although the work of the Committee on



Public Instruction, has been curtailed in its activities, because the full State appropriation was not received. This Committee has excellent plans for the coming year, and it is earnestly hoped that not only the appropriation for 1916 be received in full, but that it be continued under the coming Legislature for the next two years.

### THE EDITOR'S PLANS FOR THE BULLETIN

The editor desires to announce as an active associate editor, Dr. C. W. Vest, who, with the editorial staff which he has assisted in selecting whose names appear above, will doubtless make the BULLETIN a medical journal of real credit to the Faculty.

Many valuable suggestions were received from readers in response to the postal cards sent out with the BULLETIN for November.

During the Editor's connection with the Bulletin, since May, 1915, efforts have been made to ascertain the views of Faculty members and thus to give as far as may be possible, exactly what is wanted in a Faculty publication. Members of the editorial staff of the *Journal of the American Medical Association* and the manager of the Cooperative Medical Advertising Bureau of the American Medical Association, were consulted and their advice likewise carefully considered.

At the meeting of the Council, December 27, 1915, the editor submitted a report containing certain recommendations in the management of the BULLETIN. These are now under consideration by the Council and it is hoped they can be submitted in full in the February BULLETIN.

In brief it is proposed that the BULLETIN be continued and enlarged and made to fill a place between that occupied by the large scientific journals and that of a restricted report of society proceedings. There appears to be a place for a medical journal of this character in Maryland.

It is proposed to increase the number of pages of reading matter and, with the aid of our new and active associate editors, to fill them with carefully written abstracts of medical articles and papers read at society meetings, hospital news, local news items, book reviews, reports of county and city society meetings, to furnish articles upon subjects of timely interest and to propose for discussion subjects which may lead to the betterment of conditions in the profession itself and in the relation of physicians to the public.

Falling in line with the suggestions of several advertisers this issue of our publication appears in its new dress—a white cover. This was adopted that we might give every advantage possible to those using cover space for "ads."

MANAGEMENT OF PATIENTS WITH CHRONIC  
RENAL DISEASE.<sup>1</sup>

BY THEODORE C. JANEWAY, M.D.,

*Baltimore, Md.*

It needs only a glance at current medical periodicals to show the amount of time and energy being devoted to the study of kidney function today. In fact, some of you may have been inclined to believe that the 'phthalein test and the electrocardiograph are the only two methods now employed in the investigation of patients in our hospitals. So much work may surely, by this time, be expected to have produced some results which the practitioner of medicine can use for the good of his patients. It has been my fortune during this period of the development of functional tests, both at the Presbyterian Hospital here, and during the last year at the Johns Hopkins Hospital, to have for my associates a group of men actively interested in this field. During the last year, especially, Dr. Mosenthal and Dr. Rowntree and their co-workers in our clinic have, by their laboratory studies, quite definitely modified our practice in the wards. I want to bring before you this evening our present views on the practical management of the different types of chronic renal disease which are commonly met in general practice.

I say "practical management of the patient" because, except in the rarest instances, we have no real treatment of the disease. We must not let the fascination of growing insight into the complexities of function blind us to the fact that the problem of fundamental importance in any disease is the problem of its cause. It is devoutly to be hoped that our knowledge may be increased along this line. The study of the relation of focal infections to renal disease is a promising movement, but a vast material must be worked over critically before we can reach conclusions. Except for certain cases of renal involvement in secondary syphilis, possibly rare cases of nephritis due to malaria, lead poisoning, pregnancy or some focus of streptococcus infection, we cannot speak of an effective causal therapy of chronic nephritis.

For the most part, treatment has in the past been purely schematic, and based on a conventional diagnosis. Since this treatment usually involved violent interference with the habits of a lifetime, even though it did not use dangerous drugs, we cannot regard it as a harmless procedure. To tell every patient with albuminuria or hypertension to stop eating red

<sup>1</sup> From the Medical Clinic of the Johns Hopkins Hospital. Read before the Academy of Medicine, New York City, November 4, 1915. Extracts read at Semi-Annual Meeting of Medical and Chirurgical Faculty, October 28, 1915.

meat, or, still worse, as I have actually seen done, to go on a milk diet, is evidence either of colossal ignorance or of inexcusable mental laziness. Nothing is clearer to me, however, in dealing with patients who have a chronic disease, than the amount of thought and tact necessary to accomplish the readjustment of their life to the necessary limitations which they must be taught to recognize. This is a field which the internist has to himself, and it should be our pride to develop it in detail as carefully as the surgeon has developed his operative technic. Here is where the functional test becomes indispensable.

The treatment of chronic disease has two aims—the prolongation of life, and the amelioration of the discomforts due to the disease. These two aims are achieved by two types of treatment: First, safeguarding treatment; this aims to protect a weakened function from further damage by overstrain. Second, symptomatic treatment, directed toward the amelioration of the symptoms which depend upon disordered function. While a correct anatomical diagnosis is always desirable, it is not of special importance in determining treatment along either of these lines. What is fundamental is the accurate estimation of the kind and degree of functional damage.

Chronic renal disease presents an endless variety of symptom combinations, but certain clinical types occur with such frequency that we are all called on to meet the problem of their management; and they present themselves, in a way, as specific practical problems. I propose to consider them as such.

First, patients in whom albumen and casts in the urine are the only evidence of disease. This is a large group. These patients come to us, both family practitioners and consultants, from the life insurance examiners; or if we have careful patients, and are careful examiners, we discover them among our supposedly healthy clients. They are found among the children in the clinics. Their problem is the last problem we have to work out in a convalescent from known acute nephritis or from a pregnancy albuminuria. The two last instances give the key to the important question that must be answered for every patient in this group, namely, are the albumen and casts in the urine the last remaining evidence of a healing renal lesion? A searching inquiry must be made into the history for evidences of a mild unrecognized scarlet fever, a tonsillitis, or other infection, recent pregnancy, syphilis, the administration of salvarsan, or some intoxication which might have led to acute renal disease without noticeable symptoms. If such possible cause can be found, or even suspected, especially in the case of young people, then a period of rest in bed, and milk or bland diet, should be given a thorough trial. If treatment as of true acute nephritis results in steady subsidence of the albuminuria,



then it should be persisted in just as though the patient had a known acute nephritis. No sacrifice is too great for any patient to make which may prevent the subsequent development of chronic diffuse nephritis, leading to the secondary contracted kidney in later life. If, however, there is no suspicion of a past or existing infection, and if a week in bed on milk diet has no appreciable effect upon the albumen and casts, then bed and milk diet are an unwarrantable hardship, because they are sacrifice without result. If persisted in, the result will very likely be the sacrifice of the physician.

In children the next problem is the differentiation of postural albuminuria. This is much commoner than is usually supposed, and marked albuminuria without casts, or with rare casts, in a child, should always suggest the possibility of its being this peculiar type. For an excellent discussion of this subject, I can recommend to you the article by Langstein in Pfaundler and Schlossman's *Handbuch*,<sup>2</sup> for interesting special pleading on the two sides of the question, the monographs of Politzer<sup>3</sup> and of Jehle.<sup>4</sup> Testing the separate urines passed at different times of day and of the effect of standing fifteen to thirty minutes in marked lordotic position, will often clear up the diagnosis promptly. The large amount of protein precipitable by acetic acid in the cold, has been, in my experience, an important feature of the albuminous urine in these cases. The treatment of these children should, I believe, be along the lines of general invigoration, with medical gymnastics for the improvement of posture. Their diet should be ample, not restricted. In some the suspicion of true nephritis is strong, though there is marked postural albuminuria. Such cases should be more cautiously handled.

When one has clearly recognized and separated from the patients in whom albuminuria has been accidentally discovered these two preceding types, residual albuminuria after acute nephritis, and postural albuminuria, there remain the large number of patients in whom the cause of the albuminuria is not evident. In them it is of first importance to exclude inflammation of the urinary tract, stone, tumors, and other non-nephritic causes of albuminuria, the treatment of which is local and surgical. Then the search must be made for a remote focus of infection in tonsils, sinuses, about the teeth, in the gall-bladder, in the prostate or seminal vesicles, and any such focus should be eradicated in the hope that from it as a portal of entry has come the infection responsible for the renal

<sup>2</sup> Langstein, L., Die orthotische Albuminurie. *Handbuch*, Pfaundler und Schlossman, 1910, iv. 30. F. C. W. Vogel, Leipzig.

<sup>3</sup> Politzer, H., *Renjuvenum*; Beiträge zur Kenntnis der orthostatischen Albuminurie. Berl. und Wien, 1913, Urban und Schwarzenburg.

<sup>4</sup> Jehle, L., Die Albuminurie. Julius Springer, Berl., 1914.

damage. Possible toxic causes, especially the inorganic poisons, should be in mind. I have seen albuminuria produced by the therapeutic use of arsenic, for instance. In childhood and adolescence, albuminuria, without casts and not definitely postural, may exist without subsequent evidence of any serious injury to the kidney, and may be more lightly regarded than albuminuria in adult life.

The effect of exercise, cold baths, and so on, upon the albuminuria should be studied. I have the records of one patient refused life insurance because of large numbers of hyaline casts in the urine more than thirty years ago. He came to my father, who discovered that life insurance examinations had always been made in the afternoon, after he had done some lively boxing, and had a cold shower. His urine was perfectly normal at all other times. Twenty-six years afterwards he was still free from evidence of chronic nephritis and, I believe, is still living. Such a patient either needed no advice at all, or to be told to avoid the combination of very active exercise and a cold bath. If exercise produces marked albuminuria with casts, it should certainly be reduced.

Apart from wholly temporary albuminuria, however, it is wise for the physician to consider albumen and casts as the evidence of a definite renal lesion, to be watched over long periods of time in the interest of both science and the patient, but not necessarily calling for either a bad prognosis or much interference with the patient's life. Barringer's studies<sup>5</sup> of life insurance statistics show that the persistent presence of granular casts indicates a higher probability of progressive renal disease. Even so, these individuals may enjoy apparently perfect health for ten years or more. It is even more important to watch their blood pressure than their urine. If this begins to rise, then the development of symptoms is to be looked for. A tendency toward nocturnal polyuria, or to fixation of specific gravity, are also almost certain danger signs. They point to beginning inability of the kidney to concentrate urea, and therefore connote anatomical damage which has reached the stage of seriously compromising the large factor of safety of the kidneys. Until hypertension, nocturnal polyuria, or other symptoms arise, symptomatic treatment is quite unnecessary. Safeguarding treatment is important, but must not go beyond what is of proved efficacy.

Severe physical strain, such as competitive athletics, rough hunting trips and so on, should clearly be avoided. Exposure to cold and wet is also unwise. The wearing of woolen underwear has long been regarded as desirable. Alcoholic and other excesses should naturally be warned against, and the immoderate use of tobacco. The common mild infec-

<sup>5</sup> Barringer, T. B. with Warren, M., *The Prognosis of Albuminuria with or without Casts: Arch. Int. Med.*, 1912, ix, 657-664.

tions, such as tonsillitis, should be much more carefully treated than in normal individuals, and the effect on the urine carefully observed.

As to diet, von Noorden<sup>6</sup> has shown that considerable quantities of pepper, mustard, and other condiments are renal irritants. He always held that creatinin was dangerous, and recent work, well summed up and amplified by Myers and Lough<sup>7</sup> has proved that creatinin retention may be very striking in severe nephritis. Therefore soups which are unimportant as sources of energy, and spices, may wisely be excluded from the diet. Gourmands should clearly have their excessive appetite restrained, and obese patients should be moderately reduced. If the 'phthalein test is normal, I see no reason for a restriction of protein either qualitatively or quantitatively, below a moderate normal intake. One limitation not immediately necessary, I believe, should be made for the sake of training the patient in case it may become imperative later. Patients who regularly use a large amount of salt with their food—that is, the people who habitually put salt on before they have tasted the dish—should be told to reduce their use of added salt at table to foods which come from the kitchen unsalted. Without this training, treatment of subsequent oedema in them will meet with serious obstacles. One special category under this heading comprises the diabetics with albuminuria. For them, unless the 'phthalein test shows an excretion below 40 per cent, or there are definite symptoms, such as oedema, the treatment is the dietetic treatment of diabetes, and the albuminuria should not be allowed to interfere with this.

Second: Patients with hypertension, with or without a trace of albumen, and with slight subjective symptoms, or none at all. These patients you all recognize at a glance. Since the introduction of blood pressure measurements into practice, they have come into prominence, often, from the standpoint of their comfort, an undesirable prominence. They are usually past middle age. Many of them are obese, many diabetic. The functional disturbance is so clear-cut, and the anatomical basis in their arterioles so remote from observation, that we usually classify them under the functional category of hypertension. The vast majority certainly have changes in their renal vessels, and in the arterioles elsewhere, but the clinical type which I have in mind here does not have renal symptoms. The development of nocturnal polyuria; of severe headaches, especially explosive headaches with vomiting, in patients who have not

<sup>6</sup> Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition—Nephritis, by Carl von Noorden. E. B. Treat & Co., New York, 1903.

<sup>7</sup> Myers, V. C., and Lough, W. G., The Creatinin of the Blood in Nephritis. Its Diagnostic Value: *Arch. Int. Med.*, 1915, xvi, 536.



been subject to migraine; of retinal lesions; or of oedema, takes the patient immediately out of this category. Slight cardiac or neurasthenic symptoms are common. Safeguarding treatment is the entire problem of their management. In the first rank must come safeguarding from all avoidable influences which raise blood pressure in the normal man; next, safeguarding the myocardium, and, to a certain extent, the cerebral vessels, and the kidney. The worst hypertensive influence is mental strain, and especially emotional strain. Its avoidance necessarily calls for readjustment of the every day life, for the man in business or for the woman in the home; and the details of this should be worked out with care and sympathy. Distinctly the worst advice is to tell a man of important affairs to give up business completely, but, for the manual laborer, change of occupation may be imperative. It is of great importance to secure adequate normal sleep. In addition, I believe that the strain of a hard day's work can be greatly reduced by a short break in the middle of it for absolute rest, or better yet, for a little exercise, followed by rest. With more marked myocardial symptoms, a few days in bed will work wonders, often reducing blood pressure greatly. Tobacco in excess is clearly a poison both to vessels and to cardiac mechanism. Whether two or three mild cigars a day may be smoked while the patient is sitting quietly after meals, must be determined in the individual case. Their effect upon blood pressure should be observed. If the patient is perfectly miserable without them, it may wisely influence the physician. Excessive athletics may be dangerous to both heart and vessels, but I believe that, as a rule, these patients may take more exercise than is usually allowed them, even women who have not previously been accustomed to it. The functional response of the myocardium is the determining factor, and can often be improved by proper exercise. Slight dyspnoea on exertion may become less or disappear with gradual training. Mild anginoid pain on exertion, however, calls for great care, and the patient should always stop when it is felt. When exercise cannot be allowed, massage is helpful. The reduction of obesity is a highly important measure. Limitation of diet follows much the same lines as in the preceding class of patients, but physiological economy in nutrition should usually be insisted on, and meals should not be bulky. Moderation in the use of salt, I think, is quite important. The abuse of fluid is clearly dangerous for them, as von Noorden has insisted. High blood pressure is no indication of nitrogen retention, as Folin, Denis and Seymour<sup>8</sup> have shown, and protein

<sup>8</sup> Folin, Otto, Denis, W., and Seymour, Malcolm., The Non-Protein Nitrogenous Constituents of the Blood in Chronic Vascular Nephritis (Arteriosclerosis) as Influenced by the Level of Protein Metabolism: *Arch. Int. Med.*, 1913, xiii, 224.

should not be restricted merely because of hypertension. Luxus consumption clearly should be, and it is possible that some patients will be better without meat. On the other hand, I am sure that others may be made worse by the loss of appetite that an unpalatable diet produces.

Alcoholic drinks are condemned by von Noorden in these patients. I am not convinced that every patient who has taken wine temperately all his life should be deprived of it absolutely. One should judge by its effects on the circulation. If it causes marked flushing of the face, or palpitation, it should clearly be avoided, but if it leads to greater enjoyment of meals and to relaxation after, it may be permitted. It is needless to say that it should be used sparingly and in dilute form.

Climate has seemed to me not without its influence. The majority of these patients have more symptoms during cold weather, and the combination of cold and high wind taxes the heart maximally. For those who live in the North, a wintervacation in a warm climate is desirable. For all of them a long break in their work once or twice a year is most helpful. Turkish baths, or other sweating procedures, benefit some. Vaso-dilators should not be used except in emergencies, and aconite, I believe, is worthless.

Third: Patients with hypertension and outspoken myocardial insufficiency. This is one of the largest groups to be found in the medical wards of every hospital, and these patients are equally common in private practice. They present primarily the problem of treatment of a circulatory disease. For them both safeguarding and symptomatic treatment are essential. The symptoms demanding treatment in the majority are dyspnoea, oedema, and the whole picture of cardiac failure with chronic passive congestion of the viscera. A small number have anginoid pain on exertion, or severer attacks of angina pectoris. For the latter, the essential safeguarding treatment is rest, never permitting enough exercise to produce an attack. Symptomatic treatment consists in the use of vaso-dilators, to cut short or to ward off an attack when exertion must be made. Fresh nitroglycerine tablets dissolved on the tongue, and not swallowed, have always fulfilled the indications in my experience, and are free from the disagreeable publicity which the breaking of an amyl nitrite pearl entails. Vaso-dilators have their most important use in these people, who owe Lauder Brunton a great debt of gratitude for the introduction of the nitrites into medicine. Theobromine may be valuable in some cases. It is not necessary for me to go into the treatment of angina in further detail.

The patients with ordinary myocardial failure do not present a simple problem of circulatory therapeutics. Their study by the nephritic test meal, originally advocated by Schlayer and Hedinger, and which Mosen-

thal<sup>9</sup> has adapted and amplified with such excellent results in our clinic, has shown the importance of the special functional changes, depending upon chronic passive congestion of the kidney, in retaining salt, and thus in producing at least the oedema, if not other symptoms of the disease. Every case of this type should, I believe, be given such a test, and should have a phenolsulphonephthalein test as a preliminary to treatment. If, in addition, the blood urea and the Ambard coefficient can be determined, very valuable information may be gained. The 'phthalein output is usually low, often under 30 per cent, sometimes minimal. If normal, or nearly so, and the test meal shows no lowering of the nitrogen concentration in the urine, and no marked nitrogen lag, then it is rarely necessary to determine the blood nitrogen. Only in moribund patients can important retention exist. It is also essential to recognize the presence or absence of fibrillation of the auricles as a guide to the use of digitalis. Clark's<sup>10</sup> study of venous pressure in our wards, using Hooker's simple method, has also given us valuable indications of the need for digitalis.

#### NEPHRITIC TEST DIET

For..... Date.....

All food is to be *salt free* food from the diet kitchen.

Salt for each meal will be furnished in weighed amounts.

*All food or fluid not taken must be weighed or measured after meals and charted in the spaces below.*

*Allow no food or fluid of any kind except at meal times.*

Note any mishaps or irregularities that occur in giving the diet or collecting the specimens.

*Breakfast, 8 a.m.*

Boiled oatmeal, 100 gms.	.....
Sugar, 1-2 teaspoonfuls	.....
Milk, 30 cc.	.....
2 slices bread (30 gms. each)	.....
Butter, 20 gms.	.....
Coffee, 160 cc.	.....
Sugar, 1 teaspoonful	} 200 cc. ....
Milk, 40 cc.	
Milk, 200 cc.	
Water, 200 cc.	.....

*Dinner, 12 Noon.*

Meat soup, 180 cc.	.....
Beefsteak, 100 gms.	.....

<sup>9</sup> Mosenthal, H. O., Renal Function as Measured by the Elimination of Fluids, Salt, and Nitrogen, and the Specific Gravity of the Urine: *Arch. Int. Med.*, 1915, xvi, 733.

<sup>10</sup> Clark, A. H., A Study of the Diagnostic and Prognostic Significance of Venous Pressure Observations in Cardiac Disease: *Arch. Int. Med.*, 1915, xvi, 587.



Potato (baked, mashed or boiled),.....	
130 gms. ....	
Green vegetables, as desired .....	
2 slices bread (30 gms. each) .....	
Butter, 20 gms. ....	
Tea, 180 cc. ....	} 200 cc.
Sugar, 1 teaspoonful .....	
Milk, 20 cc. ....	
Water, 250 cc. ....	
Pudding (tapioca or rice), 110 gms. ....	

*Supper, 5 p.m.*

2 eggs, cooked in any style .....	
2 slices bread (30 gms. each) .....	
Butter, 20 gms. ....	
Tea, 180 cc. ....	} 200 cc.
Sugar, 1 teaspoonful .....	
Milk, 20 cc. ....	
Fruit (stewed or fresh), 1 portion .....	
Water, 300 cc. ....	

8 a.m. No food or fluid is to be given during the night or until 8 o'clock the next morning (after voiding), when the regular diet is resumed.

Patient is to empty bladder at 8 a.m. and at the end of each period, as indicated below. The specimens are to be collected for the following periods in properly labeled bottles, to be furnished by the Chemical Division of the Medical Clinic:

8 a.m. to 10 a.m.; 10 a.m. to 12 n.; 12 n. to 2 p.m.; 2 p.m. to 4 p.m.; 4 p.m. to 6 p.m.; 6 p.m. to 8 p.m.; 8 p.m. to 8 a.m.

Specimens are to be left in ward until called for at 8.30 a.m. by attendant from the Chemical Laboratory.

## REPORT ON NEPHRITIC TEST MEAL

*Time and cc. of fluid intake.*

Name..... Date.....

<i>Time of Day</i>	<i>cc.</i>	<i>sp. g.</i>	NaCl		N.	
			<i>per cent</i>	<i>grams</i>	<i>per cent</i>	<i>grams</i>
8-10.....	153	1.016	1.32	2.02	.89	1.26
10-12.....	156	1.019	1.25	1.95	.74	1.15
12- 2.....	194	1.012	.64	1.24	.59	1.14
2- 4.....	260	1.014	.77	2.00	.56	1.46
4- 6.....	114	1.020	.99	1.13	.95	1.08
6- 8.....	238	1.010	.43	1.02	.52	1.23
Total Day.....	1115			9.36		7.32
Night, 8-8.....	375	1.020	.63	2.36	1.23	4.61
Total 24 Hours.....	1490			11.72		11.93
Intake.....	1760			8.5		13.4
Balance.....	+270			-3.22		+1.47

Impression.—Normal reaction to the nephritic test meal. Note the variations occurring in the fluid output, and the specific gravity, which are in inverse ratio; the night urine, which is small in amount and shows a high specific gravity and a high percentage of nitrogen; and the approximately normal output of water, salt and nitrogen.

All these patients require rest in bed, or in a chair if they are orthopnoeic, as the essential safeguarding treatment for the heart. Those with auricular fibrillation must receive effective digitalis treatment. Choice of the preparation and the method of administration, as between strophanthin intravenously or intra-muscularly, infusion or tincture of digitalis, the powdered leaf or digipuratum, being determined by the details of the case, and the habits of the physician. Those without auricular fibrillation, but with marked oedema, and a congested liver, should, I believe, also be placed on digitalis. Many of them will respond as well as the fibrillating cases; others will not. Toxic effects must be watched for and heeded, as some patients with regular rhythm are made worse by digitalis. If it does not succeed alone with proper diet, then one of the caffeine diuretics, theocin, about twelve grains a day, or diuretin, about forty grains, in divided doses, should be given not oftener than every other day. It is very important to have the fluid intake and urine output accurately measured, and it is helpful to have the daily weight recorded. Diuresis from digitalis by the ordinary administration by mouth should not be expected before forty-eight hours. The diuresis of the caffeine group of drugs, however, should be observed on the chart of the day of administration, and may then persist for one or two days longer. The next doses should be given when the diuresis ceases.

Regulation of the diet is one of the most essential features of treatment. Thanks to our functional studies we can now base this upon the individual requirements of the case, not upon so-called general principles. The three factors to be considered are the fluid, the salt, and the nitrogen intakes. Practically all of these patients require limitation of their fluid intake, the degree of limitation depending upon the observed lag in water output and the amount of oedema. It is scarcely possible, however, to discuss the water exchanges separately from the salt, since in these patients they are concurrent. The most distinctive result of the test meal in myocardial insufficiency, without renal involvement other than chronic passive congestion, is a low water output with fairly high specific gravity, nearly always 1020, extremely low salt concentration and total output, and, in contrast, a normal nitrogen excretion brought about by the high concentration of this substance in the urine. The greater the degree of accompanying contraction of the kidney, the more the specific gravity

tends to be fixed and at a low level, nocturnal polyuria to become marked, and the concentration of the nitrogen, especially in the night urine, to fall far below the normal. With any of these features in evidence, it is necessary to further test the functional capacity of the kidney for nitrogen by the determination of the blood urea and, best, by the comparison of this with the urinary urea in the Ambard formula. Whether this is better expressed, as in the recent admirable work of McLean, of The Rockefeller Institute, as an index of urinary excretion, on the basis of a normal standard of reference of 100, or by Ambard's coefficient, the normal value for which is 0.06 to perhaps 0.09, is not clear to me. It is desirable that we should not have to burden our minds with any unnecessary, arbitrary numerical values. Since Ambard's coefficient is already widely used, the desirability of another set of values for expressing the same functional test should be clearly demonstrated before being adopted. The new values have mnemonic simplicity in that 100 is ideal perfection, and the calculation is much simplified, but the range of normal values, from 80 to over 200, is rather wide.

A high Ambard or a falling index of urea excretion, or blood nitrogen above the normal, indicate the need for limitation of the protein intake. Ambard considers the normal constant 0.07. Unpublished observations by Lewis, in our clinic, show that 0.09 is more nearly the upper normal limit. There is considerable difference of opinion as to the figure for urea which may be found in the blood of healthy persons, but our experience coincides with McLean's<sup>11</sup> that fifty milligrams per 100 cc. is possible with very high protein diet. Apart from this forty milligrams should never be exceeded. The urea nitrogen is practically one-half of this. The total non-protein nitrogen should rarely pass forty milligrams per 100 cc. under any circumstances. The small range found by Folin and Denis<sup>12</sup> in absolutely healthy individuals, twenty-two to twenty-six milligrams, is too ideal a standard to apply to patients. The practical means for accomplishing this limitation vary from a low protein diet, which can never be an exclusive milk diet, to the introduction of short periods of nitrogen starvation in the worst cases. In such periods carbohydrate food should be given freely to spare protein. A satisfactory low protein diet devised by Mosenthal for use in our wards follows:

<sup>11</sup> McLean, F. C., The Numerical Laws Governing the Rate of Excretion of Urea and Chlorides in Man: *Jour. Exp. Med.*, 1915, xxii, 212; 1915, xxii, no. 3.

<sup>12</sup> Folin, O. and Denis, W., Protein Metabolism from the Standpoint of Blood and Tissue Analysis. Sixth Paper: *Jour. Biol. Chem.*, 1913, xiv, no. 1.



## THE JOHNS HOPKINS HOSPITAL

## LOW PROTEIN DIET

*Breakfast*

Sherry, 30 cc.  
 Baked apple, stewed prunes, orange.  
 "Hominy Cornstarch cereal."\*  
 Cream, 15 cc.

*Dinner*

Sherry, 30 cc.  
 Potato, baked or mashed.  
 String-beans, cabbage, carrots, lettuce, onions, tomatoes, cucumber pickles.  
 Fruit cornstarch pudding, fruit tapioca pudding.

*Supper*

Same as dinner.

Weigh or measure all food eaten except salt, sugar and butter, which may be used as desired, and need not be weighed.

\* $\frac{2}{3}$  hominy,  $\frac{1}{3}$  cornstarch.

## NITROGEN CONTENT OF FOODS USED IN LOW PROTEIN DIET

<i>Articles of Food</i>	<i>Percentage of Nitrogen</i>
Cream.....	.41
Cereal—"Hominy Cornstarch"*.....	.13
Fruit—Baked apple.....	.04
Orange.....	.16
Stewed prunes.....	.14
Vegetables—Cabbage.....	.16
Carrots.....	.10
Lettuce.....	.24
Onions.....	.17
Cucumber pickle.....	.10
Baked potato.....	.48
Mashed potato.....	.40
String-beans.....	.23
Tomatoes.....	.23
Desserts—Blackberry cornstarch pudding.....	.05
Prune cornstarch pudding.....	.07
Apple tapioca pudding.....	.02
Peach tapioca pudding.....	.06

\* $\frac{2}{3}$  hominy,  $\frac{1}{3}$  cornstarch.

Failure to eliminate salt makes essential the reduction of the salt intake to a figure below the twenty-four hour output. Where much oedema exists, a rigorous salt-poor diet containing less than three grams, if possible getting the amount down to one gram, is most desirable at the start. Since these patients with myocardial insufficiency and marked oedema require strict limitation of fluids as well, the Karell diet is ideal. As you

probably know, this consists of 800 cc. of milk in the twenty-four hours as the only food or fluid allowed. Karell was a Russian physician who introduced this diet as a somewhat empirical cure for dropsy fifty years ago. We now possess entire theoretical justification for its use as a rational measure of safeguarding treatment, which is also highly effective in the cure of a most distressing symptom. It has the great virtue of simplicity. It can be carried out in households where an accurate salt-poor diet of any other kind would be impossible. Disappearance of oedema usually begins after two or three days in this myocardial group of patients, and is little short of magical. When diuresis is abundant and the dropsy disappearing rapidly, the amount of milk can be gradually increased up to 1500 cc., and then other appropriate foods gradually added. It is desirable to determine the degree of restoration of the power of the kidney to excrete salt before allowing return to a full diet. All such patients should be warned against the abuse of salt for the future, and must never take large volumes of fluid nor bulky meals. I think tobacco should be forbidden, but I am not sure that a little alcohol is harmful.

After recovery from the urgent symptoms, the return to physical activity must be by very gradual stages, and carefully supervised. Massage, resistance movements, and hydrotherapeutic procedures are all helpful here. Fibrillating cases must, if they show any tendency to a rate above the normal, take small doses of digitalis more or less constantly, the dosage to be determined by observation.

Fourth: General oedema without notable myocardial insufficiency the prominent symptom. This group of patients is much smaller than the preceding, and is met more frequently in hospital wards than in private practice. A considerable proportion of these dropsical patients have a sub-acute or chronic diffuse nephritis, that is, a true inflammatory lesion of the kidney involving glomeruli, tubules, and interstitial tissue. This was what Dr. Delafield called chronic diffuse nephritis with exudation. Their urine is highly albuminous, and contains casts of all kinds. The common name given this type of disease, chronic parenchymatous nephritis, is altogether a misnomer. A number of them, under careful treatment, prove to be cases of very protracted acute nephritis, and will eventually make a functional recovery. Others develop increasing renal insufficiency with uraemia, and enter the next group, which I shall describe later. A few patients of this type with the most obstinate oedema and low blood pressure, prove at autopsy to have amyloid kidneys. Still others are examples of a degenerative lesion of the tubular epithelium, not an inflammatory process. The cause of this we do not know, but its similarity to the effects of certain inorganic poisons makes a chronic intoxication plausible. The pregnancy kidney is a special example of this type.

Following Friedrich Müller, Vollhard and Fahr<sup>13</sup> in their recent book use the term nephrosis to describe these non-inflammatory cases. Their diagnostic criteria are the absence of blood elements in the urine, and the absence of a rise in blood pressure. Those who are interested in the pathology of renal disease I would refer to this admirable anatomical and clinical monograph. Widal,<sup>14</sup> on the other hand, adopts a purely functional classification. While I do not believe the functional disturbances permit of so clean cut a subdivision of renal disease as he makes, and should be personally dissatisfied with a diagnosis which did not rest upon an anatomical basis, still this particular type has so predominant a disturbance of the salt and water excretion as to justify his name salt-retention nephritis. Certainly for treatment, this is the essential feature to recognize, and Widal and Javal's work<sup>15</sup> on the effects of withholding and feeding salt in such cases has been one of the great recent advances in practical therapeutics. When tested, either by the nephritic test meal, or by the addition to a constant diet of an added ten grams of salt, these patients all show a striking failure to excrete sodium chloride. The salt concentration in the urine is often as low as 0.1 per cent, and the daily output not over one gram for long periods. With this the amount of urine is naturally very small and the retained water and salt accumulate in the subcutaneous tissues or serous sacs. Whether, in all these cases, the power of the kidney to excrete salt is primarily affected, is very doubtful. It is highly probable that in many an increased affinity of the tissues for water is equally important with the state of the kidney. For practical purposes of treatment it makes no difference. Salt and water are being retained. The 'phthalein test and the ability to excrete nitrogen may show unimpaired kidney function in every other respect. The potassium iodide test of Schlayer shows tremendous delay in excretion, but to me has no practical significance. The important point to determine is the degree of impairment of the ability to excrete water and salt. One patient may put out five grams of sodium chloride a day, another only one gram. For the first, a diet containing three grams will lead to disappearance of the oedema; for the other, the most rigorous salt-poor diet will be without effect. Treatment should always begin by a period of very low salt and water intake to promote rapid absorption of the dropsical effusions. When this has been accomplished, the response to increased water intake should first be tested, and fluid pushed as fast as it can be excreted. The

<sup>13</sup> Vollhard, F. and Fahr, Th., *Die Brightsche Nierenkrankheit*. Berlin, Julius Springer, 1914.

<sup>14</sup> Widal, F., *Les Grands Syndromes du Mal de Bright*. *J. Med. Français*, Paris, 1911, v, 18-33.

<sup>15</sup> Widal et Javal., *La cure de dechloruration*: Paris. J. B. Bailliere, 1906.



response to added salt should later be tested from time to time, and the intake gradually increased, with care to keep always below the tolerated amount. Bed is desirable until normal function is restored. The problem of further treatment is that of the convalescence from acute nephritis. Local foci of infection should be looked for, and the patient safeguarded from exposure, strain, and all injurious surroundings.

Patients with very low salt outputs and obstinate oedema require accessory dehydrating measures, of which sweat baths have, in my experience, been the most effective. Purging may be of some value. In one patient hot packs were promptly followed by diuresis, the absorption of an obstinate oedema of nineteen months' standing, and a prompt rise in the salt concentration of the urine. Retention, with recurrence of oedema, was immediate upon cessation of the packs, and again disappeared upon their resumption. Such an influence is hard to explain, but suggests an alteration in the kidney circulation, acting upon the lesion itself. Borderline cases between this group and the preceding require a suitable combination of cardiac therapy with that just outlined.

Fifth: Advanced renal insufficiency; uraemic symptoms superimposed upon one of the foregoing types. You will all recognize this as the classical picture of the end-stage of chronic Bright's disease. It is much easier to recognize than to define. Uraemia can best be considered with Ascoli as the varied disturbances, chiefly of the central nervous system, seen clinically in association with disease of the kidney or obstruction of the urinary tract, and not dependent upon gross anatomical lesions of the brain. The differentiation of the severe headache of uraemia and that due to cerebral vascular disease, or of a uraemia from an organic coma or haemiplegia, may be very difficult. Lumbar puncture sometimes gives the clue and should be resorted to. The gradually developing uraemia which I have in mind here, however, with increasing headache, attacks of vomiting, respiratory disturbance, irritability, delirium, or drowsiness, gradually passing into terminal coma, scarcely permits of confusion, except with similar toxic states, as in the end-stages of liver disease. Changes in the optic nerve or retina are practically always present in true uraemia, and the functional tests show what we may well consider as quantitative renal insufficiency. The test meal can be safely used only in the early stages, and then should frequently have its protein content reduced. It will show nocturnal polyuria, fixation of the specific gravity at a fairly constant, sometimes an absolutely constant, level, which is low in proportion to the severity of the renal insufficiency. It indicates inability of the kidney to excrete the normal constituents in anything but low concentration. The functional picture is constant in advanced contracted kidney, but may vary from week to week in diffuse nephritis. In our ex-

perience, both nitrogen and salt concentrations have been equally reduced. Frothingham and Smillie<sup>16</sup> have found this also. This makes Widál's distinction between nitrogen-retention nephritis and salt-retention nephritis invalid. Sodium chloride excretion may be affected as an isolated functional disturbance, but nitrogen excretion seems only to be affected in quantitative renal insufficiency in company with all of the other functions, except that of water excretion, which may remain intact. This NaCl retention does not necessarily lead to oedema. The patients often have great thirst, considerable polyuria, and loss of weight, with dryness of the skin and tissues. This dry salt-retention emphasized by the French school is of much theoretical interest. The 'phthalein test is of diagnostic, prognostic and therapeutic importance. The excretion is diminished in proportion to the degree of renal insufficiency, and, as a rule, parallels closely the Ambard coefficient and the degree of increase of the non-protein nitrogen of the blood. When blood analyses are not possible, it is the best practical measure of the probable degree of nitrogen retention, so-called. Agnew<sup>17</sup> has shown that in experimental renal lesions the blood nitrogen remains normal when the 'phthalien output is over 40 per cent for the two hours. The most advanced cases excrete mere traces. All subsequent observers have confirmed the importance of Rowntree and Geraghty's<sup>18</sup> test in the prognosis and management of these cases.

The Ambard<sup>19</sup> coefficient is always raised, and is unquestionably the most accurate measure of the degree of impairment of the urea excretion, though data in a large number of cases are not yet available. Widál's figures for blood urea remain the nearest approach to a prognostic standard, if one remembers that they were obtained by the hypobromite method and represent more nearly total non-protein nitrogen. With 50 to 100 milligrams per 100 cc. a long survival is possible, though prognosis must be guarded. With more than 100 milligrams no case lived over two years, nor over one year if 200 milligrams was found. Over 500 milligrams was only found just before death. Certainly, in our experience, no case with over 300 milligrams of total non-protein nitrogen per 100 cc., or an Ambard above 0.4, lived many weeks. On the other hand,

<sup>16</sup> Frothingham, C., Jr. and Smillie, W. G., A Study of Different Nitrogenous Diets in Chronic Nephritis: *Archives of Internal Medicine*, 1915, xv, 204-226.

<sup>17</sup> Agnew, J. H., Comparative Study of Phenolsulphonephthalein Elimination and the Incoagulable Nitrogen of the Blood in Cardiorenal Diseases: *Med.*, 1913, xiii, 485.

<sup>18</sup> Rowntree, L. G. and Geraghty, J. T., An Experimental and Clinical Study of the Functional Activity of the Kidney by Means of Phenolsulphonephthalein: *Jour. Phar. and Exp. Med.*, 1910, i, 579.

<sup>19</sup> Ambard, L., *Physiologie Normale et Pathologique des Reins*. 1914. Paris, F. Gittler.

Foster<sup>20</sup> has shown that low blood nitrogen does not insure a good prognosis.

Treatment of the severest renal insufficiency is purely symptomatic and not a cheerful duty. The distressing paroxysms of dyspnoea and of Cheyne-Stokes breathing usually demand special relief. The low alveolar CO<sub>2</sub> shows acidosis, but alkali has not relieved the symptom. For many patients only morphine alone is effective, but it is a two-edged sword, it occasionally precipitates the rapid onset of anuria with coma, and, once begun, has to be used in increasing doses. Nothing requires more judgment on the part of the physician. Chloral hydrate in five or ten grain doses, alone or combined with moderate doses of bromides, is sometimes very effective, and should always be given a trial. Insomnia is commonly bound up with the onset of dyspnoea on first lying down, or with the recurrence of dyspnoeic paroxysms through the night. One serious practical mistake made by many physicians is to insist on these sufferers going to bed. Instead, they should be encouraged to sleep in a chair until one is sure that he can promise them a real sleep in bed. Bed soon acquires for them a mental association with respiratory distress, and acts by suggestion as well as directly. The breaking up of this suggestion through a few good nights in a chair may make possible the return to restful sleep in bed. In some of the milder cases, I have had great success by the use of a vaso-dilator just before retiring. For this purpose I prefer sodium nitrite, the effects of which are more lasting. It should be given about fifteen minutes before bedtime.

The gastro-intestinal disturbances, I believe, are of central nervous origin or eliminative. I feel sure that water and NaCl are removed by vomiting and perhaps a little of the retained nitrogen. Treatment is apt to be very ineffectual. Lavage of the stomach and of the bowel are worth trying, but for the most part it is a problem in the use of general sedatives.

Diet is usually reduced to a minimum by the patient, for anorexia is the rule. In the severer degrees of insufficiency only starvation can hinder the nitrogen accumulation, and nothing prevents the terminal rise in blood nitrogen. In the early cases a very low nitrogen diet is strictly indicated with nitrogen starvation on days of severe symptoms, giving as much carbohydrate as possible. We have had a few remarkable improvements from this treatment. More frequently it is merely a choice of evils. The amount of fluid should depend upon the urinary output, and should be limited only by this, or by the occurrence of oedema. Vomiting, of course, will entail self-limitation. Of direct measures to reduce the retention of poisons, bleeding takes first place, but bleeding increases

<sup>20</sup> Foster, N. B., Functional Test of the Kidney in Uremia : *Arch. Int. Med.*, 1913, xii, 452.



the anaemia which is so apt to be a feature of the intoxication. In a few recent cases repeated bleedings with consecutive transfusion have produced definite symptomatic improvement, and at times seemed to hold the blood nitrogen down. We have hoped that Abel's<sup>21</sup> operation of plasmapheresis might prove useful in these cases. It consists in bleeding the patient into a non-clotting solution, separation of plasma and corpuscles by centrifugation, removal of the plasma, and re-injection of the corpuscles suspended in Locke's solution. One case done with hirudin, which was quite harmless to Abel's dogs, had a violent febrile reaction with shock, but recovered later and was considerably improved. We are cautiously testing the procedure further, using citrate, but have no successes to report as yet.

Bleeding has its greatest value in the case of sudden convulsive seizures. These so-called acute uraemic or eclamptic convulsions have, in my experience, occurred in patients who did not have advanced renal insufficiency with marked nitrogen retention. The removal of at least 500 or 600 cc. of blood is regularly indicated, and recovery is common. I have known a number of such patients to live for several years after severe convulsions. I believe that the causation of these convulsions is analogous to that of the convulsions which occasionally mark at the onset of acute scarlatina nephritis, and has nothing in common with the causation of the chronic uraemia which accompanies advanced renal insufficiency. Many are undoubtedly due to cerebral vascular disease. Sweating occasionally seems to benefit the patient.

The most important treatment in these cases is of associated myocardial insufficiency, when it exists. The superposition of chronic passive congestion on moderately damaged kidneys may precipitate several renal insufficiency. In other words, a person who has lost the part of his reserve kidney tissue, which constitutes the factor of safety, and is, roughly, about two-thirds of the total, may be thrown into the severest renal insufficiency by purely functional disturbance of the kidney circulation, as he may also be by the occurrence of an acute intoxication or infection leading to fresh anatomical lesions of an acute type. The prognosis, when myocardial insufficiency is marked, is always much better, because the element of functional disturbance may be recovered from under appropriate treatment of the heart, while gradually increasing renal insufficiency, due to progressive destruction of the kidney tissue, must have an absolutely hopeless outlook.

Of equal importance, but less generally appreciated, is the urgent necessity for the treatment of any associated obstruction of the urinary

<sup>21</sup> Abel, J. J., Rowntree, L. G., and Turner, B. B., Plasma Removal with Return of Corpuscles (Plasmapheresis): *Jour. Phar. and Exp. Ther.*, 1913, v, 625.

tract. Back pressure from an enlarged prostate with even moderate residual urine, combined with an only slightly damaged kidney, may rapidly lead to severe renal insufficiency with uraemia. The recent work of the genito-urinary surgeons in this field should be familiar to all medical men. The extent of the damage to function is demonstrated by the phenolsulphonaphthalein test, as Rowntree and Geraghty<sup>22</sup> early showed in patients from Dr. Young's urological clinic, and Mosenthal has found the same indications in the study of such patients with his test meal. I have personally seen what was apparently advanced contracted kidney, with extreme hypertension and serious uraemic symptoms, in a man of seventy-six, transformed to a comparatively benign arteriosclerosis of the kidney with hypertension, after the relief of back pressure by removal of the prostate. The patient was restored to practically ordinary health and working ability for a man of his years. In elderly men especially, the possibility that urinary obstruction is the chief cause, and renal disease the accessory cause for renal symptoms, should never be out of mind. Pyelitis and pyelo-nephritis may produce similar pictures. Modern surgery in such conditions may make medical management superfluous.

A final word as to the possibility of surgical treatment in uncomplicated nephritis. Reginald Harrison first proposed this nineteen years ago, calling attention to the possibility of mechanical damage to the kidney circulation by pressure of the unyielding fibrous capsule upon a swollen oedematous kidney. He proposed the relief of this mechanical factor by incision of the capsule. Five years after the late Dr. Edebohls of New York proposed to restore a damaged kidney circulation by decapsulation and the production of a collateral circulation between the cortex of the kidney and the surrounding tissues, and somewhat later Sippel advocated decapsulation of the kidney for puerperal eclampsia. The whole subject has been recently well reviewed by Ruge<sup>23</sup> in the *Ergebnisse der Chirurgie und Orthopädie*. He makes it clear, in spite of considerable contradiction in the interpretation of the results obtained, that we medical men should more carefully consider the possibility of improvement by nephrotomy or decapsulation in certain cases both of acute and chronic nephritis which do not respond satisfactorily to our usual measures. The need for better methods of treatment is plain. The field is peculiarly one for coöperative studies. I have personally witnessed a number of failures,

<sup>22</sup> Rowntree, L. G., and Geraghty, J. T., The Phthalein Test: An Experimental and Clinical Study of Phenolsulphonaphthalein in Relation to Renal Function in Health and Disease: *Arch. Int. Med.*, 1912, ix, 284.

<sup>23</sup> Ruge, E., Ueber den derzeitigen Stand einiger Nephritisfragen und der Nephritischirurgie: *loc. cit.*, 1913, vi, 565. See also *Jour. Amer. Med. Assn.*, 1915, lxx, 1188. (Oct. 2).

but two cases stand out in my experience which I would record in this connection.

Both had persistent oedema, hypertension, retinal lesions, and uraemic symptoms extending over months in St. Luke's Hospital, New York, under my observation. Both made an eventual complete functional recovery, being left only with albumen and casts in the urine, and a moderate elevation of blood pressure. Even the retinal lesions disappeared, and both were well seven years later. Both had decapsulation performed. In one, the improvement followed so closely as to suggest that the operation was its cause. The other had been decapsulated before she came to us, and improvement was so long delayed as to make the relation wholly improbable. I have seen no other recoveries after decapsulation in patients with severe renal insufficiency. I am inclined to believe that these two patients had a protracted sub-acute diffuse nephritis, and that the inflammatory process subsided without assignable cause, though possibly some remote focus of infection ceased to act as a portal of entry. In the first, I feel sure, however, that the operation, probably by relieving tension within the capsule and improving the blood flow through the kidney, at least hastened the recovery. One would not anticipate any advantage from operation on advanced contracted kidneys.

In conclusion, may I emphasize the obvious summing-up of the whole matter. Improved methods of investigation now permit of the much more accurate analysis of the various factors entering into the production of the complicated symptomatic pictures of chronic renal disease. Such analysis makes possible the more exact adjustment of treatment to the needs of the individual case, and the relief of the patient from burdensome and unnecessary restrictions. In spite of all this, it brings us not one whit nearer the real goal of treatment, prevention or cure of the disease. If we ever achieve this, it will be through new knowledge of the causes of these obscure but frequent affections, and every attempt to approach this problem from a new viewpoint should be enthusiastically welcomed by every medical man.

### SOCIETY NOTICES.

The Annual Meeting of the Baltimore City Medical Society was held on Tuesday, December 7, Dr. C. E. Sadtler presiding. The reading of the minutes of the previous meeting was dispensed with.

The report of the Secretary was read by the Secretary, Dr. Emil Novak:

#### *Secretary's Report.*

Membership December 1914.....	611
New members.....	12
Reinstated.....	3
	<hr/>
	15 gain, 15



Removed and transferred.....	3	
Dropped.....	13	
Deceased.....	5	
Resigned.....	8	
	<hr/>	
	29	loss, 29
Actual loss.....		14
		<hr/>
Membership December 7, 1915.....		597

Members paid in advance 483

Members in arrears for 1915, 46.

The report of the Treasurer was read by the Treasurer, Dr. W. S. Gardner:

*Financial Statement, Baltimore City Medical Society, December 1, 1914, to  
December 7, 1915.*

#### RECEIPTS.

Balance brought forward.....	\$78.46
Dues and membership fees.....	4982.00
Total.....	\$5060.46

#### EXPENDITURES.

Medical and Chirurgical Faculty, dues.....	\$3982.00
Medical and Chirurgical Faculty, use of halls.....	200.00
Medical and Chirurgical Faculty, clerk. asst.....	180.00
Printing postcards, Section notices.....	248.50
Postage.....	40.00
Adressograph plates.....	9.74
Lantern operator.....	18.75
Returned membership fee.....	10.00
Anti-Noise Committee expenses.....	82.05
Balance as per bank book.....	289.42
Total.....	\$5060.46

The report of the Board of Censors was made by Dr. Randolph Winslow, who presented the names of the following as eligible for election to the Society:

Dr. Walter A. Baetjer, 11 East Chase Street.

Dr. W. G. Copping, 2 South Patterson Park Avenue.

Dr. William T. Howard, 1213 North Calvert Street.

Dr. T. Noxon Toomey, 37 North Carey Street.

All the applicants were duly elected.

The Chairman of the Nominating Committee, Dr. Gordon Wilson, presented the following list of nominees for the offices of the Society for 1916:

President, Dr. C. Hampson Jones.

Vice-President, Dr. F. H. Baetjer.

Secretary, Dr. Emil Novak.

Treasurer, Dr. W. S. Gardner.

Censor, Dr. A. C. Gillis.

Member of the Board of Honor, Dr. A. M. Shipley.

Members of the House of Delegates, Drs. R. Fayerweather, H. Friedenwald, J. H. Pleasants, S. McCleary, J. Staige Davis.

On motion of Dr. Winslow, seconded by Dr. Wilmer Brinton, the nominations closed, and the Secretary was instructed to cast the ballot of the Society for the nominees presented by the Nominating Committee. All these were duly elected.

The scientific program of the evening was devoted to a Symposium on "Intestinal obstruction." Dr. H. B. Stone presented a paper on "Recent developments in the experimental study of intestinal obstruction," and Dr. Alexius McGlannan presented "A study of the clinical side." Discussion by Drs. A. C. Harrison and Randolph Winslow.

There being no further business the meeting was adjourned.

*Abstract of report of experimental work on intestinal obstruction. Harvey B. Stone, M.D.*

Closed loops of the upper small intestine, in dogs, result in the death of the animal although the general alimentary canal be re-established by lateral anastomosis about the closed loop. Death is characterized by certain definite symptoms. The fluid accumulating in such loops is highly toxic to normal dogs on injection, even though it be centrifugalized, passed through porcelain filters, and sterilized by heat. Dogs so injected intravenously die with symptoms like those found in dogs dying of closed loops; namely, sub-normal temperature and blood-pressure, weakness, tremors, vomiting, diarrhea, and collapse. The most striking autopsy finding in such animals is a profound vascular engorgement of the mucosa of the small intestine.

Attempts have been made to determine the source and nature of the toxins giving rise to these characteristic phenomena. The nature of the experiment is such that food-products, bile, pancreatic and gastric secretions may be eliminated in seeking the origin of the toxic material. It develops within the loop either from the secretions of the loop mucosa, the activity of bacteria, or enzymes, or a combination of these factors. The secretion of the mucosa, free from the other elements was studied. It was obtained by isolating a typical loop, such as was utilized in the other experiments, but instead of closing the ends of this loop and dropping it back into the abdominal cavity, these ends were drawn out through incisions on either side of the abdominal wall and the secretions of the loop removed by washing through for hours with a continuous stream of sterile water. As soon as these washings emerged from the loop end they were collected over a waterbath at such a temperature as to ensure the elimination of bacterial and enzymic action. Loop secretion collected in this manner was found to be quite devoid of the toxic effects noted in loop secretion collected from closed loops dropped back into the abdominal cavity. It seems therefore that the development of toxic products depends on other factors than the simple physiological secretion of the mucosa. One of these factors has been shown experimentally to be stasis. Work is being carried further to arrive at a clear understanding of what is essential to the production of toxins.

Whipple, who did much work in collaboration on this subject before leaving Baltimore, has recently published a paper showing that a toxic element with the characteristics of a primary proteose may be found in the closed loops, which when recovered in a state of high chemical purity reproduces the symptoms in dogs of the typical loop fluid.

This work has been purely experimental, but suggests certain important clinical inferences. A low or falling blood-pressure is a bad prognostic sign. It is important to keep the patient warm. The administration of subcutaneous salt solu-

tion with the addition of adrenalin is suggested. The frequent irrigation of obstructed bowel after enterostomy, and the importance of prompt enterostomy in toxic cases are obvious deductions from the experimental work.

*Abstract of study of clinical side of intestinal obstruction.* Alexius McGlannan, M.D.

Toxaemia is the cause of the high mortality in intestinal obstruction. Duration of obstruction, its position and character of the obstruction are important points in determining the severity of the symptoms and the time of the fatal result. The higher the obstruction, the more severe the symptoms and the more rapidly fatal the disease.

The paper was based upon a study of 276 cases of acute intestinal obstruction, including 27 varieties of obstruction exclusive of strangulated hernia. The mortality in these cases was 45.7 per cent. Toxaemia is the real cause of the high mortality as is seen in the causes given which are: Toxaemia, 75 per cent, peritonitis, 12 per cent, post-operative shock, 5 per cent, miscellaneous, 8 per cent. Gangrene of the bowel while a serious complication, is not essentially fatal. Early recognition and prompt treatment of intestinal obstruction before the toxaemia has developed, offer the only hope for reducing the high mortality.

The course of the obstruction may be divided into three stages: (1) onset, when the symptoms are due to arrest of intestinal current; (2) stage of compensation, when gastro-intestinal organs attempt to overcome the obstruction or its results; (3) sequelae or complications. In most cases there will be a merging of the symptoms of the various stages. These do not represent any definite period of time, a patient may pass within 24 hours through all three and die of toxaemia.

At onset the symptoms are pain, which is usually intermittent and crampy, but may be continuous; nausea and vomiting, with or without constipation or diarrhea. These symptoms are of sudden onset. Gastric lavage will empty the stomach of food but will not permanently relieve the pain. If at this time there is any hesitancy about operating neither food nor liquids should be given. The lavage should be repeated after an hour and if the washings contain duodenal material, the diagnosis is certain and an operation is imperative. In the second stage there is persistent pain, distension, a visible and palpable spastic coil of intestine, visible peristalsis with ladder pattern, local tenderness, etc. In the third stage the toxaemia overshadows the other complications which may be present and becomes the most urgent indication for treatment.

Operative methods will vary with the stage of the disease at which the operation is performed. In the first stage when there are no complications, the surgeon need only relieve the obstruction. This may be limited to the simple division of the band or may require a resection and anastomosis for the removal of a tumor. Covering in the raw surfaces or fixation of a particular loop of intestine may become necessary in certain forms of obstruction. In the second stage gangrene of the intestine may complicate the problem. Here the operation performed varies widely with the extent of gangrene and especially with the general condition of the patient. Resection and anastomosis is the ideal operation but often some expedient must be utilized. In the third stage enterostomy may be the only operation the condition of the patient will justify. It seems that enterostomy should be added to any operation done in this stage. Enterostomy either alone or in combination with another operation was done in 92 cases of this series; 38 of these cases recovered and 54 died. Of the toxic cases without gangrene, enterostomy was done in 77 per



cent of the cases with recovery and in 41 per cent of the fatal cases. It is therefore evident that emptying the obstructed loop of bowel has a decided influence on the toxæmia and should be done in all toxic cases.

#### BALTIMORE CITY MEDICAL SOCIETY

The regular meeting of the Baltimore City Medical Society was held on Friday, December 17th, Dr. C. H. Jones presiding. In view of the length of the program it was decided on motion of Dr. Sanger, duly seconded, that the reading of the minutes of the previous meeting be dispensed with.

The scientific program consisted in a "Presentation of studies on renal disease by members of the Pathological and Medical Staffs of the Johns Hopkins Hospital," The following papers were read:

1. Anatomical types, Dr. M. C. Winternitz.
2. Clinical types and differential diagnosis, Dr. T. C. Janeway.
3. Functional tests, Dr. D. S. Lewis.
4. Dietetic study and treatment, Dr. H. O. Mosenthal.
5. Treatment of associated myocardial insufficiency, Dr. P. W. Clough.
6. Uremia and its treatment, Dr. L. G. Rowntree.

Owing to the lateness of the hour there was no discussion and the meeting was adjourned.

#### BALTIMORE COUNTY MEDICAL ASSOCIATION

At the meeting of the Baltimore County Medical Association, December 15, the Resolutions passed by the Southern Medical Association at Dallas, Texas, were adopted by our Association. The Secretary was instructed to write to the Secretary of War requesting further information on the Medical Reserve Corps of the Army.

MARTIN F. SLOAN, *Secretary*.

#### THE CAROLINE COUNTY MEDICAL SOCIETY.

Held its fourth quarterly meeting in the Hotel Baggs at Denton to-day, and elected the following officers for 1916: *President*, Dr. J. C. Madara, Ridgely; *Vice President*, Dr. Dawson O. George, Denton; *Secretary-Treasurer*, John R. Downes, Preston; *Delegate*, Dr. H. W. B. Rowe, Hillsboro.

Dr. Guy Steele, Cambridge, Councillor for this district was present, as was also Dr. G. R. Myers of Hurlock, and Drs. Charles F. Davidson and Hammond from Easton.

The Society and visitors were entertained at dinner at the hotel, and discussed the relation of the Country Hospital to the local physician.

The Society wishes to go on record as favoring the resolutions as adopted by the Southern Medical Society.

J. R. DOWNES, *Secretary*.

#### THE WASHINGTON COUNTY MEDICAL SOCIETY.

Met in regular session at the Washington County Hospital Thursday, December 9, 1915, at 1.30 p.m. with the following members present:

Drs. Baker, J. R. Laughlin, Mary Laughlin, V. D. Miller, Jr., Nihiser, Pittsnogle, Ragan, Scott, Watkins, Hoffmeier, Bender, Tobias.

The resolution recommended by the Southern Medical Association, which petitions the Federal Congress in the reorganization of the Army to increase the Medical as well as the other departments, was endorsed and the Secretary instructed to communicate with and use all the influence upon the representatives from Maryland for favoring such measures.

The report of the State Society's Midwifery Committee as presented at the Westminster meeting was read and discussed by Drs. Scott, Scheller, Pittsnogle, Watkins, and V. D. Miller. The following resolution was passed,

WHEREAS: This report does not show that the statistics are sufficiently definite to form a judgment.

Resolved, That the Washington County Medical Society disapproves of an appropriation by the State.

It was ordered that the President confer with the Board of Trustees of the Washington County Hospital in regard to having physical examinations made of the nurses in the Training School.

The meeting adjourned.

V. D. MILLER, JR., *Secretary*,

O. H. W. RAGAN, *President*.

## NEWS ITEMS.

Dr. Karl H. Van Norman, formerly assistant superintendent of the Johns Hopkins Hospital and now a captain in the Royal Canadian Army Medical Corps, is in charge of one of the important British hospital divisions at Ramsgate, England, which is 10 miles north of Dover. The hospital has 600 beds and is limited to the joint surgical and nervous cases of the soldiers in the British Army. Dr. Van Norman is also aiding in the plans for emergency hospital equipment.

Dr. Marshal West of Catonsville, is convalescing from an operation for appendicitis.

Dr. Harvey W. Wiley, formerly chief chemist of the United States Department of Agriculture, addressed the Upper School and the Parents and Teachers' Association of the Park School, December 6, on "The Feeding of School Children."

A lecture and demonstration for the instruction of the Boy Scouts in first-aid and hygiene work was given December 18 at Osler Hall. Drs. S. J. Fort and J. C. Bloodgood gave the talk on first-aid, Drs. R. P. Bay and C. Hampson Jones, on "Camp Sanitation" and Dr. A. C. Harrison on "Danger of Flies and Mosquitoes." A demonstration of life-saving work was given by W. S. Schee. Other similar lectures are planned for the near future.

Dr. E. J. Bernstein, of Kalamazoo, Mich., a former Baltimorean, has been elected to serve a third term as President of the Southwestern Michigan Triological Association.

Dr. Harry Lee Smith was made a member of the Royal Society of Art, London, in December, 1914.

The mid-winter State Board examinations were held in Osler Hall, December 14 to 17.

In connection with the Congress of Clinical Surgeons, which met in Washington, November 26 and 27, an interesting exhibit of books and pictures illustrating the history of surgery was prepared by Dr. Arnold C. Klebs at the invitation of Col. C. C. McCulloch, Librarian of the Surgeon General's Office, and may be seen in the Library Hall of the Army Medical Museum.

In order to promote interest in neurological study, the Baltimore Neurological Society has just been formed. The charter members of the society are Drs. Charles M. Byrnes, Wm. A. Boyd, W. Rush Dunton, Andrew C. Gillis, Daniel D. V. Stuart, Jr., and G. Lane Taneyhill, Jr.; Dr. Byrnes being President and Dr. Stuart Secretary-Treasurer. One of the requirements for membership in the society is that the applicant shall have made at least one published contribution to the study of neurology.

#### DR. E. L. TRUDEAU

When Dr. Edward Livingston Trudeau, himself a sufferer from tuberculosis, sought health in the Adirondack Mountains, in 1884, there were available in this country practically no provisions for the treatment and control of tuberculosis. The establishment of the Adirondack College Sanatorium at Saranac Lake in New York marked the erection of the first institution devoted to the fresh air treatment of tuberculosis and stimulated the movement for sanatoriums, hospitals and dispensaries devoted wholly to this disease. Now, after thirty years, there are approximately 575 sanatoriums and hospitals with a capacity of 35,000 beds, 450 tuberculosis dispensaries, more than 1,000 physicians and over 4,000 nurses devoted wholly to the treatment and study of tuberculosis. More than 400 open air schools attest the practicality and success of Trudeau's idea. All are expressions of the influence of the Adirondack Cottage Sanatorium. In connection with the sanatorium should be mentioned the work of the laboratory established by Trudeau at Saranac Lake. During the last two decades monumental and important contributions to the study of tuberculosis, particularly the field of immunity, have emanated from this laboratory. Under the guidance of Dr. Trudeau, a number of men have studied at Saranac Lake, whose names today are of international importance in their relation to the study and control of this most dread disease. There is something stimulating in the very idea of the fresh-air treatment of tuberculosis. There is something of the hero in the work of Trudeau, who, himself a sufferer from a wasting and fatal disease, devoted a lifetime to the alleviation of the distress of fellow sufferers from tuberculosis. Certainly, says *The Journal of the American Medical Association*, his name should endure as one who devoted himself, without hope of personal or pecuniary gain, to the proving of a principle of lasting benefit to mankind.

#### BOOK REVIEW.

*The Criminal Imbecile. An Analysis of Three Remarkable Murder Cases.* By HENRY HERBERT GODDARD, Director of Department of Research, Vineland Training School. Cloth. Pp. 167. New York: The Macmillan Company, 1915.

During the last few years Dr. Goddard has added several valuable monographs to the literature of imbecility. In the *Kallikak Family* he shows the remarkable influence of heredity in mental deficiency. *Feeble-Mindedness*, published later, is a thorough study of the entire subject. In the latest monograph, *The Criminal Imbecile*, three murder cases are analyzed and the accused shown to be imbeciles. Three types of defectives are illustrated in the three cases. These cases are unique in that they were the first court cases, in this country in which the Binet-Simon tests were admitted in evidence. The importance of recognizing the high grade imbecile is pointed out and the relation of imbecility to criminality shown. The book should be of great value to physicians, lawyers and teachers, and to all students of social problems.



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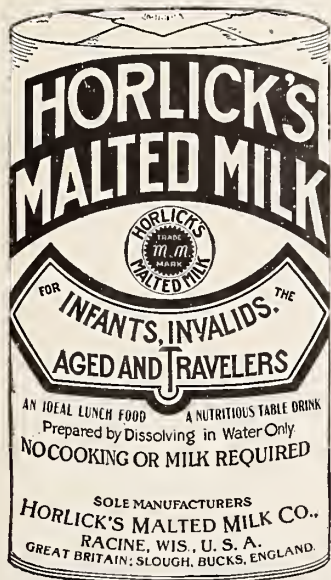
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**What to do in Diarrhoea**

A majority of cases of diarrhoea occurring in babies under six months of age are due to sugar fermentation. Over six months it may be either putrefactive or fermentative.

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**What to do in Constipation**

Constipation in the bottle fed baby is usually caused by errors in his diet. The most common are: too high fat content, causing hard, granular stools, food of insufficient quantity or strength, also scanty stools; not enough sugar; and boiling the milk. Having decided as to the possible cause of the constipation, the thing to do is change the food so as

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to overcome the cause; for example, fat constipation is corrected by giving a skimmed milk feeding, deficient sugar constipation, by adding  $\frac{1}{2}$  ounce of cane sugar to the regular formula. In some of the cases of persistent constipation it is often necessary to add milk of magnesia to the feeding, using one teaspoonful to the morning and evening feeding.

**What to do in Vomiting**

Vomiting may be due to many causes, the principal causes being: too frequent feedings, large hole in the nipples, allowing the food to be taken too rapidly, not keeping the baby quiet after nursing, tight belly bands.

The treatment of acute vomiting is, immediately stop all food. In severe cases even water should not be given. Calomel is at once given,  $\frac{1}{2}$  grain every  $\frac{1}{2}$  hour until 1 to 2 grains are given. The effect of castor oil is not as good in cases of vomiting as that of calomel because it is less apt to be retained, and thus its effect is spoiled.

One level teaspoonful of bicarb. of soda dissolved in a glassful of water, and a teaspoonful or two given at short intervals, often proves helpful in vomiting. Food should not be given until the vomiting has ceased entirely for a number of hours, and it is shown that water is retained.

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OF THE

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Vol. VIII

FEBRUARY, 1916

No. 8

JUST READY

## January Medical Clinics

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Epidemic Cerebrospinal Meningitis: Lumbar Puncture; Flexner Serum. Bilateral Tuberculosis with Pick's Cirrhosis: Paracentesis abdominalis; interpretation of symptoms. Acute Endocarditis with complicating Meningitis.

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Primary Carcinoma of Liver: Differential diagnosis; pathology.

CONTRIBUTION OF DR. GEORGE H. WEAVER, *Durand Hospital*

Schick Reaction: Value and interpretation.

CLINIC OF DR. CHAS. L. MIX, *Mercy Hospital*

Upper Lobe Pneumonia: Prognostic triad; heart key to treatment; therapeutic measures. Symptoms due to Adhesions after Old Appendicitis.

CLINIC OF DR. RALPH C. HAMILL, *Cook County Hospital*

Tic Douloureux: Injection of Gasserian ganglion. Condition resembling Landry's Paralysis in a Syphilitic: Differential Diagnosis; anti-syphilitic treatment.

CLINIC OF DR. CHAS. SPENCER WILLIAMSON, *Cook County Hospital*

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## STATE PRACTICE ACT

*State Board of Medical Examiners*—Herbert Harlan, J. McP. Scott, Harry L. Homer, J. L. Riley, H. M. Fitzhugh, L. A. Griffith, B. W. Goldsborough, A. L. Wilkinson.

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*Regular Examinations*—Examinations are held in Baltimore. Third Tuesday in June for four consecutive days. Second Tuesday in December for four consecutive days.

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Information connected with Medical Examinations and licensure by addressing Secretary, J. McP. Scott, Hagerstown, Md.



# MEDICAL SOCIETY MEETINGS

Component Societies of the Faculty, with a list of their officers and times of meeting

*NOTE.—Secretaries are requested to advise the Secretary of the State Society promptly of the election of new officers in their respective Societies.*

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# THE BULLETIN

OF THE

## MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

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VOL. VIII

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### ANNUAL MEETING PLANS.

The Annual Meeting this year falls on April 25, 26 and 27, and the Committee of Arrangements have plans well under way to make this a memorable meeting. The general session will be opened on Tuesday night, April 25, with an address by the President, Dr. J. Whitridge Williams. Several other papers of unusual interest are already assured: Dr. Edwin P. Davis, of Philadelphia, will be one of the speakers, and Dr. W. T. Councilman, of Boston, will be another. A copy of the portrait of Dr. Councilman, painted for Mrs. Councilman, will be presented to the Faculty by Dr. W. S. Thayer.

The Thimble Lectureship, which falls this year, is to be given by Surgeon-General W. C. Gorgas on the sanitary conditions in Panama. Some form of entertainment will be provided, but just what has not been determined. Last year special plans were made for the entertainment of county numbers and their families, but very few of the out-of-town men were able to attend.

The House of Delegates meets at 2 'oclock on Tuesday afternoon and on Wednesday and Thursday mornings, for the transaction of all business. The morning and afternoon sessions on Wednesday and Thursday will be devoted to scientific papers by members of the Faculty; and those desiring a place on the program are urged to communicate with Dr. J. M. H. Rowland, 1211 Cathedral Street.



## DIAGNOSIS OF MALIGNANCY IN THE MAMMARY GLAND.

BY DR. A. C. HARRISON.<sup>1</sup>

From my observations of the ideas pervading medical men in general concerning the course and behavior of cancer, it has seemed to me that a review of some of the now well known facts about cancer of the mammary gland might not be without profit.

To those who have made special study of this subject what I shall say may seem platitudinous, and I hasten to state that it is not to these that I wish to talk, but to those who have not made special study in this department and still have certain erroneous ideas concerning the beginning and progress of cancer of the breast with special reference to the time in which it is curable.

Up to this time we know nothing of the true cause of cancer and little else about it except some of its manifestations and its inevitable ultimate fatality when left untreated.

We believe, first, that it is primarily a strictly local condition. Second, that it begins as a very minute collection of epithelial tissue, the cells of which are strangely modified so that they grow in a riotous manner and cease to obey any biological law. Third, that the complete removal of this new growth before any of its cells have wandered to distant parts will surely produce a cure; and fourth, that after these cells have begun to wander a complete cure is always problematical and usually impossible. Fifth, that up to the present time there is no known cure for cancer of the breast except its complete removal by surgical means.

If these assumptions be true (and they can hardly be successfully disputed) then obviously there is a time when every cancer of the breast is curable by an operation which should have less than two per cent of mortality and equally true that the time comes, all too soon, when no operation, no matter how extensive or radical, can produce a cure. Therefore, it follows as a self-evident proposition that in order to produce cures the condition must be diagnosed in the curable stage.

Though the kind and extent of operation to be done is of vast importance, it is of secondary matter in comparison with the time at which it is done. In our present state of knowledge, then, the early recognition of the condition is the key to the situation in breast cancer. We commonly speak of the condition or the operation done for its relief as early or late and the average physician construes this to be a space of time, but it should not be so measured, because time in days or months is not always significant. What we should mean by an early diagnosis or early operation is one made or done before metastasis or cell wandering has begun, and late should mean one done after metastasis has occurred.

<sup>1</sup>Read at the Semi-Annual Meeting, at Westminster, October 28, 1915.

When does metastasis occur? On this point we have but little knowledge. We only know that some metastasise early and others metastasise late. We may, however, state as a working basis, that no recognizable cancer is too young to have already metastasised, and some that seem well advanced as to size and extent are strangely late in breaking through their limiting walls.

Though an occasional case is cured that has been known to exist over a considerable period of time, the statistics of any of the big clinics will show that the great majority of cases come to the surgeon late; too late for the most complete operation to produce a permanent cure. The best results can show no better than forty to fifty per cent of regional cures on a basis of a three year limit, and for complete cures and no time limit, the percentage falls to seventeen or less. That means that eighty per cent, at least, come to operation too late for permanent cure even in the hands of the greatest masters.

What can be done to help this lamentable state of affairs? Operative technique and extent of operation have been brought to such a state of perfection that little more can be expected to develop in that line. Obviously any material improvement in results must come either through the discovery of a specific cure, which is not now in sight, or else through earlier recognition of the condition, and hence earlier operation.

Inasmuch as nearly all of the cases first apply to the family physician, it has seemed to me that he should have some clearer and more simple method of arriving at conclusions as to the nature of a given condition of the breast than are usually given. The technical hair-splitting methods used by the finished surgeon are not practicable for the general practitioner, and while he debates week after week or month after month, the chances of permanent cure are rapidly diminishing.

In the first place, the first symptoms of cancer is the discovery usually by the patient herself of a lump in the breast. If you will bear in mind that this lump which is then palpable started as a minute group of cells, it will be evident to you that it has existed for a considerable time before its first recognizable symptom appears, and may already have broken its bounds and passed to distant ports. Cancer comes as a thief in the night and usually gives no warning sign until it has reached an appreciable size, and this is the symptom that brings the patient to the family physician.

In the earliest stage it is not possible to diagnose cancer of the breast with certainty. Not until the growth has reached considerable size and developed certain physical characteristics can one predicate the nature of the growth on physical signs, and even then the dominating evidence is determined by certain arbitrary rules. These arbitrary facts or rules

have been derived from the analysis of large groups of cases and are far more trustworthy than any set of signs and symptoms in the earliest stages of cancer.

Two so-called symptoms which are constantly looked for and referred to by either the physician or the patient are pain and enlargement of the axillary glands. Neither of these have any place in the diagnosis except as late occurrences. Pain is rarely ever present in cancer of the breast except when it is far advanced. Patients and doctors so often say to me: "Doctor, it cannot be cancer, there has never been a bit of pain." Pain is not a symptom of cancer.

The condition of the axillary glands is valueless as a diagnostic sign. Their condition is only valuable as indicating the presence or absence of metastasis in that direction. These glands are often enlarged and from many causes. Their palpable presence does not always mean cancer, and on the other hand they can be and often are cancerous though not yet large or hard enough to feel.

The presence of cancerous glands in the axilla in association with cancer of the breast is merely an indication that metastasis has occurred and that the diagnosis is late.

I believe it is true that medical men are not inclined to hurry in this condition because of two reasons; first, because of the difficulty of accurate diagnosis, and second, because there is no fear of immediate or early death, but if you will fix well in your minds that the condition may pass from the curable stage to an incurable stage in the space of a few days, and that that means ultimate death, then you will have taken a long step toward the reduction of the high mortality of this disease.

No cancer can be operated on too soon and all records show that a majority are brought to operation too late. To aid you in determining your diagnosis and advice to your patients, I would ask you to bear in mind a few well established facts: First, that of all the tumors found in the mammary gland of the female, regardless of age or condition, something more than 80 per cent are malignant. That is to say, you cannot be mistaken more than once in five cases if you called them all malignant and acted accordingly. Secondly, that of all the tumors that appear in the female breast after the age of forty years, 95 per cent of them are malignant. If you called all tumors of the breast malignant after this age, you cannot err more than once in each twenty cases. Now add to these four other facts: first, that a bloody discharge from the nipple in a woman past forty years nearly always means cancer whether there be a palpable tumor or not. Second, that persistent discharge from and excoriation of the nipple in a woman past forty years nearly always means Paget's disease of the breast and that Paget's disease means cancer and usually



of a very malignant type. Thirdly, that women at or near the menopause who develop a painful multiple cystic condition of the breast will show cancer in 25 per cent of such cases, and will develop a much larger percentage if left untreated. And fourthly and lastly, that a very large majority of the innocent tumors of the breast occur in women under thirty-five years of age. Bearing all these facts in mind, it is plain that the only safe attitude to take is to consider all tumors of the breast in women over thirty-five years of age as malignant until they can be proven to be innocent.

And now let me repeat that malignant breasts cannot be removed too soon and that up to the present time the majority are removed too late because of tardy diagnosis.

### CANCER DOES NOT RETURN!

The general impression that cancer is an absolutely hopeless disease and that surgery is a futile means of cure is often expressed by the not too well informed or the unfortunate. "What's the use? It always returns." In fact, it had long been believed, even by good surgeons, that a recurrence was, as the name implies, a return of the cancer after it had been completely removed. The present and more hopeful belief, and undoubtedly it is the correct one, is that the original malignant growth was not entirely removed. In other words, the recurrence is a definite and direct continuation of the original growth, of which at least a microscopic part was not removed. When the original growth is removed completely there is positively no danger of recurrence. In modern operations for cancer in order that the removal may be complete or that no tissue containing the dangerous microscopic cancer cells may remain, the organs or parts in which the growth is located are removed as widely as anatomical relations will allow. In the early stages cancer is a strictly local disease and the surrounding tissue only becomes involved as the disease progresses. If the growth is discovered and removed very soon after its inception the operation can hardly be classed even as "dangerous." If, through ignorance or fear, one procrastinates and does not permit operation until the growth has spread through the adjacent glands and tissue the uncertainty of getting out all the malignant cells is greatly increased. So it is very easy to see that in the early removal of cancer lies the hope of cure—and the earlier the removal, the stronger the hope.—*Journal of the American Medical Association.*

THE WORK OF THE FACULTY'S PUBLIC INSTRUCTION  
COMMITTEE.DR. EMIL NOVAK, *Chairman.*

The Medical and Chirurgical Faculty of Maryland enjoys the proud distinction of having been the first state medical organization to enter upon a systematic campaign of public instruction in matters pertaining to the preservation of health and the prevention of disease. Indeed, the work of our organization was initiated even before the national body, the American Medical Association, had entered upon the educational campaign which has since then grown to such wonderful proportions.

During the past eight or nine years many other state organizations have taken up similar activities, but it is safe to say that Maryland has maintained the position of leadership which it took in the early days of such work.

In former years the Faculty was obliged to draw entirely upon its own very meagre resources to carry on its work in public instruction. Of late years, however, the state has realized the tremendous importance of placing in the hands of its citizens the saving knowledge which brings them health and happiness. The economic value to the state, in dollars and cents, of thus conserving its greatest asset—the health of its citizens—needs no argument. The state has therefore, with admirable progressiveness and wisdom, made the organized medical profession the instructor of the people of Maryland in matters of health. Through the appropriation which it annually makes for the Medical and Chirurgical Faculty, it has enabled the Faculty's Committee on Public Instruction to extend its work to state-wide proportions. During the past year, it is true, it has been necessary to curtail the campaign somewhat on account of the fact that only a fraction of the state's appropriation has been available. There is, however, no limit to the possibilities of this important activity of our Faculty, and the Committee on Public Instruction has made plans to push its work vigorously during the coming year. Lectures on health topics are constantly being given before various organizations in the city and state, as may be seen from the report of the Secretary of the Committee, published in this issue. Plans are now under way for the annual health Conference, which this year will be held during the week of March 6. This, in accordance with a country-wide movement, will be "child welfare week" throughout the United States, and hence the Committee will devote the Health Conference this year to a discussion of various aspects of child welfare. An ambitious program is now being prepared, and will be published in due season.

If there is any one aspect of preventive medicine which the Committee feels is worthy of special and constant emphasis it is the problem of cancer. Somewhat less than a year ago the BULLETIN, like many other medical publications, issued a special cancer number, in collaboration with the Committee on Public Instruction. This general movement against the cancer foe was suggested by the Cancer Committee of the Pennsylvania State Medical Society, and may be taken as an indication of the system and organization characterizing this new campaign against an old enemy. If there is any one disease in which education of the layman is absolutely essential, it is cancer. Surgery can do little more than it is now doing for the cure of the cancer patient. Successful surgery in cancer means above all early surgery; early surgery means early recognition; and early recognition presupposes, not only an intelligent and conscientious physician, but more than anything else, a patient who has been made acutely observant by a knowledge of the danger signals of cancer and the penalties of delay in its proper treatment. The Committee on Public Instruction therefore feels that there is ample justification for the campaign it hopes to wage against cancer during the coming year. The present number of the BULLETIN contains articles dealing with the cancer problem, and others will appear in succeeding issues. As Carstens says, it is the doctor who has "cancer on the brain" who is most likely to recognize his cancer cases early. The Committee on Public Instruction, through the BULLETIN, hopes to do its share in keeping the cancer problem constantly in the field of vision of every member of the Faculty.

### THE COMMITTEE ON PUBLIC INSTRUCTION.

Dr. S. J. FORT, *Secretary of Committee.*

The year 1915 has marked another twelve-month of active campaigning in the great work of arousing public interest in public health and while the gross number of public health lectures is not so large as that put away on the profit side of the ledger during 1914, the actual amount of educational work completed has been more constructive, than ever before in the history of the Medical and Chirurgical Faculty.

The annual Health Week of 1915 was one of the most important of others that have seemed equally important, but as each year passes, the success of each meeting must be gauged, not so much by the attendance as by the wide publicity given the meetings and the subjects discussed, through the press. To obtain editorials commending the work being done by the Faculty through its Committee on Public Instruction, in all the local papers, and to find others equally commendatory in social



service and medical journals, shows plainly the impression made on the public and profession alike by this intensive plan of instructing the people in matters of health. Night after night Osler Hall was filled to the doors with a throng eager to avail themselves of an opportunity to hear the gospel of health expounded by the distinguished speakers who had been secured for this purpose. Many hundreds of people were reached directly in this way, while through the medium of the newspaper reports and through personal "permeation" the benefits of the meetings were conveyed to many thousands more.

Through the active coöperation of leading colored citizens and colored social workers, as well as the enthusiastic interest of the colored physicians of Baltimore, it was possible for the Committee to assist in organizing the first State Colored Public Health Association ever known south of the Mason and Dixon line. The first annual meeting of the association held in the Bethel M. E. Church of this city, continued for nearly a week, each night seeing the church packed to the doors, with over-flow meetings in the chapel to accommodate those who were unable to find standing room in the church.

Colored speakers of noted ability, one of them the late Booker T. Washington, took occasion to emphasize the importance of the work being done in Baltimore to provide better hygienic environment for the colored race and to thank the Medical and Chirurgical Faculty for its helpful aid and interest. Local health associations affiliated with the State organization have been formed in Cambridge and Annapolis, which are doing their part in arousing public interest in the great question of tuberculosis among the colored race of this State, the very inadequate provision made for their care and preventing the spread of the disease through their intimate association with the white citizens.

It was possible to put the Exhibit to work five times during the year, twice in Annapolis, once in Cambridge under the supervision of the Executive Secretary, and again in the same town during the annual State Fair as a part of the State Exhibit for the farmers.

The fifth exhibit was made at the Maryland Agricultural College during the Ministerial Conference held at that place in June. Over one hundred ministers, chiefly from the rural districts attended a ten-day school to learn something about scientific farming and the Exhibit came in for a full share of their attention. The program offered for daily attendance of the ministers did not provide for health talks, but the Secretary was able to distribute considerable literature and information about the desired work of the Committee.

Just at the close of the year, a long anticipated connection has been made with the Boy Scouts that promises much for future important influ-

ence in placing proper hygienic knowledge within their reach. The Committee has already supplied numerous troops with instructors and instruction in first aid to the injured, and it is proposed to hold a series of public meetings for the Scouts and their parents, showing educational moving pictures and giving plain, practical talks upon hygienic subjects during the winter and early spring.

In this connection it is impossible to keep from suggesting that ways and means be adjusted so that the call for instructors can be supplied. The Secretary is almost ashamed to meet some of the busiest of his professional friends, whom he has called upon so many times to give of their time and knowledge without other return than cold-blooded thanks and a sense of duty well done.

The gentlemen who have responded not once but many times to the calls for speakers deserve the thanks of the Faculty if nothing else, but unless some positive method is devised by which every call can be answered, we will lose many an opportunity to further our work. The only limitation to the work of our committee, in fact, has come from the fact that our financial resources have been restricted during the past year by our failure to receive more than one fourth of the funds which the State has so wisely and so generously appropriated for this important work.

Instead of some fourteen series of first aid lectures that were completed during 1915, we could have had fifty series just as well if the instructors had not been lacking, and so it goes.

As the work develops it is more and more apparent that it will reach a stage beyond which it is impossible to go, unless other provision is made to extend and take care of the work as it grows. It is already considerable of a tax upon the time of the Secretary which is necessarily somewhat limited. This is not mentioned as a complaint, for the service has been one of great interest, but when one realizes what could be done if time really permitted or if time could be devoted to the work, it makes one wish that such time could be arranged for at no far distant day.

The Secretary takes this opportunity to thank each one of the gentlemen who have permitted their names to occupy a valued place on his list of speakers and to express to the Committee, his great appreciation of their loyal, whole-hearted support and assistance during the past year.

#### PUBLIC INSTRUCTION COMMITTEES LIST OF LECTURES FOR 1915.

Jan. 7	Rodgers Memorial		
	Church	Vice	Dr. Pollack
11	Eastern High School	First Aid (Red Cross)	10 Dr. H. Stansbury
16	Wallbrook M. E. Church		
	(Camp Fire Girls)	First Aid	Dr. Coughlin

Feb.	8	Osler Hall (Health Week)	Wealth of Health	Dr. H. Wiley
	9	Osler Hall (Health Week)	Prevention of Cancer	Dr. W. L. Rodman
	9	Osler Hall (Health Week)	Cancer Question	Dr. Winslow
			Dr. A. C. Harrison	Dr. Bloodgood
	10	Osler Hall (Health Week)	Fakes and Frauds in Medicine	Dr. A. Cramp
	11	Osler Hall (Health Week)	Physical Aspects of Play	Dr. W. Burdick
	12	Osler Hall (Health Week)	Mental Hygiene of Childhood	Dr. A. Meyer
	12	Osler Hall (Health Week)	Vaccines and Antitoxins	Dr. Stokes
	13	Osler Hall (Health Week)	Sanitary Needs of Maryland	Dr. Fulton
			Sanitary Needs of Baltimore	Dr. N. A. Gorter
Mar.	17	Morgan College	First Aid (10)	Dr. Smith
	26	Western High School	First Aid Red Cross (10)	Dr. Carroll
	26	Govanstown (Camp Fire Girls)	First Aid	Dr. Burman
	28	Forum	Fly and the Mosquito	Dr. Stokes
	1	Fayette M. E. Church (Camp Fire Girls)	First Aid	Dr. Coughlin
	3	First Christian Church	Alcohol and Tuberculosis	Dr. Fort
	5	Northminster Church	First Aid	Dr. J. Stansbury
	11	Columbia Memorial Church	Courage and Hope in Medicine	Dr. Pollack
	18	Colored Y. W. C. A. (Mothers Meeting)	Hygiene and the Home	Dr. Pollack
	18	Jewish Memorial Church	First Aid	Dr. Rosenthal
	19	Roland Park School House	Hygiene and the Rifle	Dr. Fort
	19	Madison Square Church (Mothers Meeting)	Dangers of the Home Medicine Closet	Dr. Fort
	25	Colored Y. M. C. A.	Occupational Diseases	Dr. Keown
	25	Patterson Memorial Church	Twilight Sleep	Dr. Pollack
	26	Madison Square Church (Mothers Meeting)	Cancer	Dr. Fort
Apr.	6	A. A. Co.	Fly and the Mosquito	Dr. Carroll
	9	Lafayette Methodist Church	First Aid	Dr. Bess
	12	Emanuel Ref. Epis. Church (Camp Fire Girls)	First Aid	Dr. Mayer
	12	Madison Square Church G. G.	The City Girl and a New City	Dr. Bond
	16	Madison Square Church (Mothers Meeting)	Hygiene of Home Sanitation	Dr. Bond
	21	Playground Workers E. Mulberry	Demonstration of Life Saving	Mr. Schee
	23	Madison Square Church (Mothers Meeting)	Sunshine and Fresh Air	Dr. Schoenrich
	26	Glen Burnie	Fly and Mosquito	Dr. Carroll



May	3	Ex. Red Cross Cert. Dr. Stansbury's class		Dr. Fort
	6	Fallston, Md., Patrons Meeting	Fly and the Mosquito	Dr. Carroll
	17	Cambridge Pub. Health Ex.	Fly and the Mosquito	Dr. Stokes
	18		Prevent. of Tuberculosis	Dr. Fort
	19		Medical Inspection of Schools	Dr. Fort
			Care of Teeth	Dr. Hoopes
			School Disease	Dr. Fort
			Prevention Medicine	Dr. McCard
			The Nurse in Public Health	Miss Balmer
		Centerville Med. Soc.	Medical Inspection of Schools	Dr. Fort
	22	Lonaconing (Woman's Civic League)		Dr. Welsh
May	27	Asbury M. E. Church	Relation of the State Board of Health to the Colored Race	Dr. Fulton
			Prevent. Medicine	Dr. McCard
			Occupational Diseases	Dr. Giehner
			The State Medical Society and the Committee on Public Instruction	Dr. Fort
June	4	Cancer Symposium (Osler Hall)		Dr. Bloodgood
	9	Sunday School League (Sandy Spring)	Tuberculosis	Dr. McGlannan
	19	Life Saving (Friends School)	Playground Workers	Mr. Schee
July	17	Fishing Creek, Md		Dr. Steele
Aug.	3	Md. Agricultural College (Pub. Health Ex.)		Dr. Jones
	6	Ministerial Conference		
	10	Public Health Ex. (Annapolis)		
	17	Linthicum Heights	Fly and the Mosquito	Dr. Stokes
	20	Boy Scouts (West Arlington)	First Aid	Dr. Coughlin
Oct.	5	Sweet Air Hall	Alcohol and Tuberculosis	Dr. Fort
	8	Church of the Redeemer (Boy Scouts)	First Aid	Dr. Bash
	26	Public Health Ex. (Cambridge, Md.)		
Dec.	15	Col. Civic League (Milk Meeting)		
	18	Boy Scouts Meeting (Osler Hall)	Physical Preparedness	Dr. Fort
			Prevention of Infection	Dr. Carroll
			Life Saving Demonstration	Mr. Schee

## NATIONAL BOARD OF MEDICAL EXAMINERS.

BY DR. HERBERT HARLAN.

A National Board of Medical Examiners has been organized in the hope of filling a long-existing want. It has the recognition of the three great public services—Army, Navy and Public Health—and already has the expressed good-will of several of the individual State Medical Examining Boards.

While there is no legal obligation on the part of any individual State Board to recognize the diploma of the National Board, it is confidently expected that many, if not all, of them will promptly accord this recognition, inasmuch as many States have already given rather wide discretionary powers to their Boards of Examiners and invested them with authority either to recognize or to withhold recognition from extra-state agencies, domestic or foreign.

There has never been a question as to the desirability of a National Board of Medical Examiners for the United States. Such an examination is for the man who, while young, willing, and able to pass it, does so with the hope that it may prove a good investment for him in case of business opportunity, ill-health in his family, or other impelling reasons which may cause him to change his location. As the Army, Navy and Public Health services are all represented on the National Board, its licentiates will be looked upon favorably should they decide to apply for admission to the Medical Corps of any one of them.

The National Board has adopted the standard of the Council on Medical Education of the American Medical Association, and in addition will require at least one year of service in an acceptable hospital. These requirements will be rigidly enforced; that is, an applicant must give satisfactory evidence of having had the following:

- a.* A diploma from a high school of good standing, giving a four-year course.
- b.* A satisfactory course in science, embracing physics, chemistry, and biology, of not less than one year.
- c.* Four years in a medical school of "A" grade.
- d.* At least one year as interne in an acceptable hospital.

The examination will be held for the present at the Army Medical Museum, in Washington, D. C., and in the laboratories and hospitals of Army, Navy, and Public Health Services, which have been placed at the disposal of the Board for this purpose. Therefore, with these ample resources, a number of men may be examined simultaneously in the several laboratories, some being given a practical examination in the hospitals,

while others undergo written and still others take oral examinations or operate on cadavers. The examination will include the following subjects:

Anatomy, chemistry, hygiene, materia medica, pharmacology, therapeutics, medical jurisprudence (forensic medicine), obstetrics, medicine, and its divisions, surgery and its divisions, pathology and its divisions, and physiology.

The examination fee has been fixed at \$50.

In the Constitution of the National Board it has been arranged that the Board should be composed of 15 members, to be selected in the following way:

The Surgeons General of the Army, Navy and of the Public Health Service, each of these to name an additional member from his Staff, making six; then three are to be selected by the Federation of State Medical Boards of the United States; these nine to select six additional members. The Surgeons General remaining on the Board during their term of office, the other twelve are to be elected for a term of six years each, two going out of office each year.

It has been arranged that the subject should be fully presented and discussed at the coming Conference to be held at Chicago on February 7, 8 and 9. The afternoon of Monday, February 7, being given up entirely to the subject of the National Board.

The opening presentation will be made by Dr. William L. Rodman, of Philadelphia, its organizer and secretary.

Its relationship with the United States Army, Navy and Public Health Medical Services will be presented, respectively, by Surgeon General W. C. Gorgas, Surgeon General W. C. Braisted, and Surgeon General Rupert Blue.

Its relationship with State Medical Boards, its Educational Standards, and the Details of Operation and Examination, will be presented, respectively, by Dr. Herbert Harlan, President of the Maryland State Board, Dr. Victor C. Vaughan, Dean of the University of Michigan Medical School, and Dr. Isadore Dyer, Dean of the Tulane University of Louisiana School of Medicine.

The present members of the National Board are these: Admiral Wm. C. Braisted, Surgeon-General United States Navy, President; Major-General Wm. C. Gorgas, Surgeon-General United States Army; General Rupert Blue, Surgeon-General, United States Public Health Service; Colonel Louis A. LaGarde, United States Army, Treasurer; Assistant Surgeon-General W. C. Rucker, United States Public Health Service; Commander E. R. Stitt, United States Navy; Dr. Herbert Harlan, Dr. Isadore Dyer, Dr. E. Wyllys Andrews, Dr. Louis B. Wilson, Dr. Victor C. Vaughan, Dr. Henry Sewall, Dr. Austin Flint, Jr., Dr. Horace D. Arnold, Dr. W. L. Rodman, Secretary.





## SUMMARY OF RESULTS OF EXAMINATION—CONTINUED.

NUMBER	COLLEGE OF GRADUATION	ANATOMY	SURGERY	PATHOLOGY	OBSTETRICS	PRACTICE	CHEMISTRY	MATERIA MEDICA	THERAPEUTICS	PHYSIOLOGY	TOTAL	AVERAGE
41	Howard Univ., '14.....	81	75	81	91	76	65	83	80	79	711	79
42	Univ. of Maryland, '14.....	75	...	75	88	...	...	...	...	75	...	...
43	Univ. of Louisville, '12.....	65	...	...	...	...	45	...	...	...	...	...
44	Johns Hopkins.....	84	...	...	...	...	78	83	...	82	...	...
45	Johns Hopkins, '15.....	86	90	91	80	88	90	88	90	83	786	87
46	Col. Phys. & Surgs., Balto., '14.....	...	...	72	...	...	50	...	88	76	...	...
47	Col. Phys. & Surgs., Balto., '13.....	81	90	76	90	87	85	72	89	97	767	85
48	Univ. of Maryland, '15.....	...	...	80	87	...	80	82	75	...	...	...
49	Univ. of Virginia, '14.....	83	88	94	76	75	80	90	100	100	786	87
50	Johns Hopkins, '15.....	84	86	78	73	89	90	88	75	93	756	84
51	Bennett Med. Col., '14.....	45	...	71	...	58	10	...	...	...	...	...
52	Univ. of Maryland, '15.....	49	75	75	75	57	45	81	78	75	610	68
53	Col. Phys. & Surgs., Balto., '15.....	81	74	75	81	75	63	87	87	98	721	80

In the above summary an average of 75 is required of those participating in the examination for the first time in order to secure a license. Those who have failed are eligible to re-examination at the expiration of six months. They are then obliged to receive a rating of 75 in each branch in which they are re-examined before license can be issued. Under the Maryland laws, students who, at the end of their second year, have successfully passed their college examination in Anatomy, Chemistry, Materia Medica and Physiology are entitled to examination by the Board of Medical Examiners in these branches. The ratings made by these students in the examination known as the "second-year examination" are carried forward and made part of the final examination, when an average of 75 must be obtained to secure a license. We trust that this statement will make clear the apparently incomplete examination of certain participants.

## STATE BOARD OF MEDICAL EXAMINERS OF MARYLAND.

## QUESTIONS.

## CHEMISTRY.

1. Mention two examples of the following classes of elements: Univalent; bivalent; quadrivalent.
2. Describe two methods of obtaining hydrogen.
3. Distinguish between sulphides, sulphates and sulphites.
4. What are the allotropic modifications of sulphur?
5. What two oxides of phosphorus are known? Give formulae.
6. What is a simple and what is a compound ether?
7. What atomic group is characteristic of the organic acids and what is it called?
8. What form of sugar sometimes occurs in urine? How is it detected and estimated quantitatively?

9. What is acetone and what is diacetic acid? How are they detected in urine?
10. Describe method of testing for blood in the stomach or intestinal contents.

DR. A. L. WILKINSON,  
*Examiner.*

*Tuesday, December 14, 1915.*

#### ANATOMY.

1. Describe upper third of humerus, including attachments of muscles.
2. Describe the temporo-maxillary articulation.
3. Describe the internal jugular vein.
4. Describe the lachrymal apparatus.
5. Describe the renal blood circulation.
6. Describe the pyloric orifice of the stomach.
7. Locate and describe Peyer's glands.
8. Give origin, insertion and nerve supply of following muscles: rectus abdominalis, masseter, gluteus maximus and plantaris.
9. What is composition of intervertebral discs? How much of spinal column is formed by these discs?
10. Superficial and deep origin, course and distribution of the eighth nerve.

DR. HERBERT HARLAN,  
*Examiner.*

*Tuesday, December 14, 1915.*

#### THERAPEUTICS.

1. Give the physiological action and therapy of sulphonal.
2. Give the physiological action and therapy of strophanthus.
3. State the medicinal and dietetic uses of saccharum.
4. Give the indications and the contraindications for the use of chloride of sodium.
5. Write a prescription in Latin, without abbreviation, containing four ingredients, one of which is tartar antimonii et potassii, stating condition for which it is to be used, with directions for administration.
6. Give the therapy of kali iodide and best method of administration.
7. Define and illustrate pharmaceutical and chemical incompatibility.
8. What similarity is there between morphia and apomorphia. Give the therapy of the latter, how preferably administered and for what special purpose.
9. Urotropin, its therapy?
10. Guaiacol, therapy and prescribe form of administration.

DR. J. McPHERSON SCOTT,  
*Examiner.*

*Wednesday, December 15, 1915.*

#### MATERIA MEDICA.

1. (a) Tetanus antitoxin. Its preparation and dose. (b) Discuss typhoid vaccine with reference to its preparation, doses and administration.
2. (a) Write a prescription containing nitrate of silver to be used in infant's eye. (b) Write a prescription for ten powders for a child two years old. The prescription to contain calomel, soda bicarb. and ipecac.
3. Digitalis. Its preparations and doses and incompatibles.
4. What is an alkaloid? Name the alkaloids of nux vomica and give average dose of each for an adult.



5. (a) Give a rule for the calculation of the average dose of medicine for a child based upon a given dose for an adult. Give example for a child four years old. (b) State also what circumstances modify the effect of drugs.

6. Define and give examples of the following classes of drugs Mydriatics, myotics, emmenagogues, and hemostatics.

7. Give source of opium, quinine, iodine and pepsin.

8. Sodium. The official preparations and doses.

9. Name some of the general classes into which medicines are divided and give two examples of each.

10. Give the average adult dose of salol, salicylate of sodium, tincture of aconite, Fowler's solution of arsenic and Donovan's solution.

DR. L. A. GRIFFITH,  
*Examiner.*

*Wednesday, December 15, 1915.*

#### PHYSIOLOGY.

1. (a) Describe the origin of the various constituents of the blood. (b) Where are the red corpuscles of the blood supposed to be destroyed? (c) How do the white corpuscles compare in number with the red? (d) Give some of the causes for an increase or decrease of the white corpuscles.

2. (a) What is meant by the pulse? (b) What three factors are concerned in the production of the pulse? (c) What conditions may alter the pulse rate?

3. (a) What post mortem test should be applied to prove that air has entered the lung of a supposedly still born child? (b) Give method of producing artificial respiration.

4. Describe the digestion, absorption and disposition of fats.

5. (a) Of what does the nervous system consist? (b) Describe the reflex and automatic action of the nervous centres.

6. Discuss the difference between cold blooded and warm blooded animals.

7. Describe ovulation.

8. Describe succus entericus.

9. State what changes take place in the air in respiration.

10. What are the requirements of a normal diet?

DR. L. A. GRIFFITH,  
*Examiner.*

*Wednesday, December 15, 1915.*

#### PATHOLOGY.

1. What is diphtheria antitoxin? How made?

2. What is anti-typhoid vaccine? How made?

3. Contrast the reactions of the above mentioned agents when used.

4. Trace the development of acute general miliary tuberculosis.

5. Describe the process of resolution in lobar pneumonia.

6. Tell what you know of cerebral embolism. Its causes and effects.

7. Why and when does a lymph node adjacent to an infected area become swollen and painful.

8. Give the morbid anatomy of an irritable anal ulcer.

9. Describe the changes occurring in the knee in a case of acute traumatic synovitis.

10. Describe the changes that occur in a case of freezing, for instance a frozen foot.

DR. H. M. FITZHUGH,  
*Examiner.*

*Thursday, December 16, 1915.*

#### PRACTICE OF MEDICINE.

1. Give symptoms and treatment of multiple sclerosis.
2. Define: (a) Kernig's sign. (b) State what disease it occurs in and what symptoms would lead you to suspect the existence of this sign. (c) Ulcerative stomatitis. State what remedy is the specific for this disease.
3. Define: (a) Landry's paralysis. (b) State what marked symptoms accompany this disease and what is the prognosis. (c) Dysphagia. Name some diseases in which it occurs.
4. Differentiate: (a) Tonic and clonic spasms. (b) Sibilant and sonorous râles.
- (c) Define Babinski's sign. In what diseases does it occur?
5. Differentiate: Follicular tonsillitis and diphtheria.
6. Name day of eruption in smallpox, chicken pox, measles and scarlet fever.
7. Being called to see a case of pulmonary tuberculosis in its early stages by what symptoms would you diagnose the case and what measures would you employ?
8. Give diagnosis of pellagra and treatment of same.
9. Differentiate: Hepatic, intestinal and renal colic.
10. Give prophylactic treatment of wounds which might lead to tetanus and give treatment of same if it does develop.

DR. B. W. GOLDSBOROUGH,  
*Examiner.*

*Thursday, December 16, 1915.*

#### SURGERY.

1. Name the various forms of plastic iritis. Give symptoms and treatment of one form.
2. What inflammatory conditions may arise in the right iliac region, with symptoms of each.
3. Give symptoms, diagnosis and treatment of tuberculous disease of the hip joint.
4. What surgical conditions occur in the neck? Give symptoms and diagnosis of the commonest form.
5. Name the varieties of fracture about the elbow joint. How would you treat them and why?
6. What are the causes and symptoms of intestinal obstruction?
7. Give symptoms, diagnosis and treatment of carcinoma of the rectum.
8. What are the indications for removal of the mammary gland?
9. Give symptoms, diagnosis and treatment of stone in the kidney. What is Dietl's crisis?
10. Called to attend a patient who is suffering from a troublesome epistaxis, describe the methods you would pursue to check it.

DR. H. L. HOMER,  
*Examiner.*

*Friday, December 17, 1915.*

## OBSTETRICS.

1. Give diagnosis and treatment of placenta praevia at term.
2. Describe three methods of resuscitating a child born in a state of asphyxia.
3. Give the Wiegand-Martin method of delivering the head in a breech presentation.
4. Describe fully how you care for a child from the moment it is born until the cord is cut.
5. Give signs and symptoms of fetal death.
6. Give treatment of uterine inertia.
7. Give Crede's method of preventing ophthalmia neonatorum.
8. How would you check a severe hemorrhage immediately after delivery of the placenta?
9. Describe accurately how you would do a curettement.
10. Give differential diagnosis between sapremia and septicemia in puerperal fever.

DR. J. L. RILEY,  
*Examiner.*

*Friday, December 17, 1915.*

## SOCIETY NOTICES.

## BALTIMORE CITY MEDICAL SOCIETY.

The regular meeting of the Baltimore City Medical Society was held on Friday, January 7, 1916, Dr. C. Hampson Jones presiding. The minutes of the previous meeting were read and approved.

The Chair announced that a professional contortionist and dislocator had requested the privilege of giving an exhibition before the Society. On motion of Dr. J. C. Hemmeter, seconded by Dr. J. I. Pennington, it was decided to proceed first with the scientific program of the evening.

The first paper by Drs. Julius Friedenwald and Louis Limbaugh was read by Dr. Friedenwald, the subject being "The Allen treatment of diabetes." Dr. Limbaugh then exhibited the Epstein saccharimeter, and described its use. The paper of Drs. Friedenwald and Limbaugh is abstracted below.

Dr. H. G. Beck then presented a paper on "A simple method, suitable for the general practitioner, for the quantitative estimation of sugar in the urine." (See abstract below.)

These papers were discussed by Drs. J. C. Hemmeter, Levin, C. W. McElfresh. There being no further business the meeting was adjourned.

*The Allen treatment of diabetes.* Dr. Friedenwald and Dr. Limbaugh.

The treatment of diabetes as devised by Allen was first carried out on dogs. It was observed that by destroying a portion of the pancreas, and then producing glycosuria, that this condition could be overcome by fasting and that the animal could then be placed on a diet, which would maintain life without producing glycosuria again. He applied this principal in the treatment of patients affected with diabetes. According to this plan, the patient is kept in bed, and fasted until the glycosuria disappears and perhaps for twenty-four to forty-eight hours longer. Water can be taken freely. With the fast the acidosis diminishes and often disappears. Inasmuch as alcohol does not produce glycosuria and has a tendency to decrease acidosis, it may be prescribed during the fast especially if an acidosis is present. It is espe-



cially useful as a food, as it does not produce glycosuria. There is no contraindication to the use of alkalies if coma seems threatening, though even in this condition, they are rarely needed. When the patient has been sugar free from twenty-four to forty-eight hours, he is placed on a diet of vegetables containing 5 per cent carbohydrates. If sugar should again appear another fast day should be prescribed. The original fast may last from three to eight days, but usually not over four days; after this the fast need not be longer than one day.

Starvation is well tolerated, and the patient loses flesh, and according to Allen a moderate loss of weight is of advantage to the patient. There are no contraindications to the fast, except perhaps nausea vomiting, and great prostration; if these symptoms supervene they can be overcome by fasting, and then after a short period another fast can usually be undertaken without their reappearance.

After the urine is sugar free for one or two days, the carbohydrate tolerance of the patient is estimated. Vegetables containing 5 per cent carbohydrates are first allowed. At first but 150 grams of these vegetables should be taken per day. In very severe cases whenever the green vegetables cannot be tolerated by patients without producing glycosuria they should be boiled three times with change of water, thus reducing their carbohydrate content nearly a half. The quantity of the 5 per cent vegetables can be gradually increased to an amount to make 25 grams of carbohydrate, and then gradually up through the 10 per cent, 15 per cent forms and the 5 per cent and 10 per cent fruits, and up to the 20 per cent carbohydrate foods. The carbohydrate tolerance of the patient is estimated daily, and at the first appearance of the slightest trace of glycosuria, the patient is again fasted, and the vegetables of the 5 per cent variety again given, and increased more slowly, but kept below the limit of tolerance. On the day following that on which vegetables are first allowed, (the urine remaining sugar free) the proteids are gradually added beginning with 20 grams a day in the form of eggs, and meat, and increased daily until the patient is receiving, according to Joslin 1.5 grams of protein per kilogram of body weight. Fats have already been taken in small quantity with the proteids in the eggs and meats, and should be gradually increased. These are best given in the form of butter, cream, and olive oil, but not more than 200 grams per day should be taken. It is quite as important to estimate the fat tolerance, as that of the carbohydrates and proteids, for while there is no evidence whatsoever, that sugar is produced by fat there is no doubt but that glycosuria is very apt to supervene in severe cases of diabetes on the addition of quantities of fats such as butter and olive oil.

In the event of the reappearance of glycosuria after the increase of the diet, starvation should again be resumed for a day or two until the sugar disappears, and the diet should be increased more gradually. It is also well to prescribe especially in the severe forms of diabetes, starvation days once a week or once in ten days, while in the milder forms vegetable days will usually suffice.

Allen has also observed that exercise increases the tolerance of patients with diabetes, both for carbohydrates and proteins.

In the stronger patients, the initial fast may be shortened by this method, and in other individuals exercise may be begun as soon as the glycosuria and acidosis have subsided. According to Allen if glycosuria appears after the carbohydrates, proteins and fats have been added to the diet, it is often possible to overcome this condition by exercise, while continuing on the same diet. It is especially important to prescribe exercise immediately after meals containing carbohydrates, which have a tendency to induce glycosuria, but exercise can be taken at any time. It is best to encourage short courses of severe exercise with periods of rest, rather than long continuous exercise such as long walks, which may cause fatigue.

*An improved method for the rapid estimation of sugar.* Dr. Harvey G. Beck.

My experience in the treatment of diabetes, led me years ago to the employment of regular systematic examinations of the urine and convinced me of the fact so well emphasized by the Allen treatment, that it is absolutely essential to have the patient's complete coöperation, in order to obtain any definite results. In regard to the latter I encountered very little difficulty by examining the urine, quantitatively for sugar, in the presence of the patient and expressing the amount in terms of ounces or in a manner that could be readily comprehended. When they were once interested as to whether sugar was present or not—and if present in what amount—I could get them to follow out any prescribed diet to the letter. In most instances I had them weigh the food until they got accustomed to the amounts ordered. Thus I was able to keep a balance sheet as it were of the carbohydrate function and make frequent comparisons between the intake of carbohydrate and the sugar content in the urine.

The urinary examinations call for: (a) the amount in 24 hours; (b) specific gravity; (c) amount of sugar; (d) presence or absence of acetone; (e) presence or absence of diacetic acid.

This at a glance might suggest an enormous amount of work. However by simplifying methods the combined examination can easily be made in ten minutes—the test for sugar consumes most of the time.

The method I wish to demonstrate is devised to overcome all objections to the methods ordinarily employed and commends itself for speed, simplicity and accuracy.

Simple apparatus suffices to make the test, namely: a small evaporating dish, a larger evaporating dish for water-bath, a Bunsen burner and a 1 cc. pipette graduated into 0.01 cc., connected with a Koch's safety capillary pipette filler. The application of the test is made by floating the small evaporating dish containing 2 cc. Fehling's solution in the larger dish containing water heated to boiling temperature. The urine is discharged from the capillary pipette, which is filled to "0" by gently sliding the thumb cap on the pipette filler while stirring the solution until the blue color disappears. After ascertaining the amount of urine discharged from the pipette, compute the percentage by dividing the number of hundredths cubic centimeters used into 100. The test is facilitated by diluting the Fehling's solution with 5 to 10 cc. of boiling water taken from the water bath with the pipette. With hot running water in a laboratory the estimation of sugar can be made in five minutes. This has a great advantage in economizing time over the original titration method, in which a burette is used, and furthermore obviates the objectionable features which militate against accurate determinations. One of these features in the original Fehling's titration test, where direct heat is used, is the burning of sugar into caramel on the evaporating dish. This imparts a dark color to the contents, which decidedly interferes with the end color reaction. Another feature eliminated when using a water bath is the reduction of Fehling's solution by such substances as uric acid, kreatin, kreatinin, nuclealalbumen, etc., present in the urine. These do not materially interfere when the reaction takes place below the boiling temperature.

The regular meeting of the Baltimore City Medical Society was held on Friday, January 21, Dr. C. H. Jones presiding. The minutes of the previous meeting were read and approved.

The meeting was devoted to a consideration of medical conditions in China. The first address was delivered by Dr. Charles Lewis, surgeon-in-charge of the Taylor

Memorial Hospital, at Paoting-fu, China, whose subject was "Native medical education in China." The second speaker, Dr. Mary J. Stone, of China, was introduced by Dr. William H. Welch. The subject of Dr. Stone's address was "Sanitary and medical needs of the native Chinese." Dr. Welch then spoke briefly on the plan of the Rockefeller Foundation for the advancement of medical education in China, giving a short résumé of the observations made on his recent trip to China.

The meeting then adjourned.

DR. EMIL NOVAK, *Secretary*.

SECTION ON OPHTHALMOLOGY AND OTOTOLOGY OF THE BALTIMORE CITY MEDICAL SOCIETY

A meeting of this section was held December 15, 1915, the president, Dr. H. K. Fleckenstein, presiding. Interesting papers were given as follows:

*Symmetrical cystoid scars of cornea following ophthalmia neonatorum.* Dr. Robert L. Randolph presented an unusual case of bilateral cystoid scars at the lower margin of each cornea. The patient was a child six years old with a rather indefinite history. The mother noticed that something was wrong with the child's eyes in early infancy and he was carried to a physician to be examined and was given protargol solution for treatment. The growths were encysted grape-like masses at practically the same point on the lower limbus of each cornea and had been about the same size since first noticed. At the base margins the corneal tissue was thickened, apparently being cicatricial tissue. Other parts of the cornea were clear, and all ocular structures normal.

*Discussion!* Dr. Clapp stated that he had seen this child in early infancy, having been sent by the family physician who delivered the child and that there were no evidences of ophthalmia at that time, while in the beginning we thought the condition one of dermoid cyst, had later concluded that they were cysts of the corneal scleral margin due to lack of closure of the retinal fissure, therefore, a congenital condition. Dr. Harlan and Dr. Carroll discussed the condition.

Dr. Theobald, reported a case of sarcoma choroid with the enucleation of eyeball six years ago, and the patient still in apparently good health.

Dr. Knorr presented a case of Parinaud's conjunctivitis which was quite typical.

Dr. Randolph showed another case in which a piece of steel had been removed from the vitreous by use of magnet.

The principal paper of the evening was by Dr. Robert Lamb, of Washington, D. C. upon the changes in the eye as a result of altered internal secretions with especial reference to that of thyroid gland; in which he claimed that he was often able to make a diagnosis of beginning hyperthyroidism by the eye findings earlier than the internist.

That among the earliest signs were arterial pulsations of the retinal vessels, moderate dilatation or inequality of the pupils, evidences of low grade of choriorretinitis, ciliary congestion if examined with the loop, frequently exophoria and often epiphora.

Early signs but still later than the preceding being wide separation of lids, starting drawing back of lids, infrequent winking, trembling on closing of lids.

Late signs: difficulty in everting lids and Von Graefe's sign where the upper lid does not follow the eyeball completely in looking downward. Frequently pigmentation of lids.

Dr. Gordon Wilson in discussion said that if there were any ocular symptoms occurring early before the classical general symptoms, that it certainly would be of great value to the internist.

## ALLEGANY COUNTY MEDICAL SOCIETY

The annual meeting was held at Cumberland on January 12, and an interesting programme was given. For the officers elected see the second page of the BULLETIN.

## ANNE ARUNDEL COUNTY MEDICAL SOCIETY

The Anne Arundel County Medical Society held its annual meeting at the Emergency Hospital, on Tuesday, January 11. The following members were present: Dr. C. R. Winterson, Dr. Thomas P. Brayshaw, Dr. Thomas P. Benson, Dr. J. Collinson, Dr. J. O. Purvis, Dr. S. S. Hepburn, Dr. F. H. Thompson and Dr. Frances E. Weitzman.

Quite a number of clinical cases were reported by Drs. Winterson, Brayshaw and Purvis and largely discussed by the members present. An excellent paper on angina pectoris was read by Dr. Thomas P. Benson, of Hanover, Md., and discussion was opened by Dr. J. O. Purvis. The same officers were reelected to serve another year. President, Dr. C. R. Winterson; vice-president, Dr. J. O. Purvis; treasurer, Dr. F. H. Thompson; secretary, Dr. Frances E. Weitzman; delegate to Medical and Surgical Faculty of the State of Maryland, Dr. Thomas H. Brayshaw; alternate delegate, Dr. J. J. Murphy.

DR. FRANCES E. WEITZMAN, *Secretary*.

## CECIL COUNTY MEDICAL SOCIETY

The winter meeting of the Cecil County Medical Society was held in the Union Hospital at Elkton on Thursday, January 20, at 11 a.m.

Dr. Thomas McCrae, Professor of Medicine in the Jefferson Medical College, Philadelphia, lectured upon "Newer problems in syphilis."

This was a very interesting meeting throughout.

DR. HOWARD BRATTON, *Secretary*.

## WASHINGTON COUNTY MEDICAL SOCIETY

The Washington County Medical Society met in regular session at the Washington County Hospital, Hagerstown, Thursday, January 13, at 2 p.m. with the following members present:

Drs. Baker, Campbell, Herman, Hoff, Humrichouse, J. R. Laughlin, Mary Laughlin, V. D. Miller, Jr., Morrison, Nihiser, Pittsnogle, Ragan, Reichard, Wareham, Watkins, Wroth, Bender, Hoffmeier.

Dr. C. A. Waters of Johns Hopkins X-ray Department gave a very interesting lantern slide lecture on X-ray diagnosis with special reference to the kidney and digestive tract.

The meeting adjourned.

DR. V. D. MILLER, JR., *Secretary*.



## NEWS ITEMS.

The second of a series of lectures given this winter under the auspices of the committee on Public Instruction for the Boy Scouts was held in Osler Hall, January 22, Dr. B. Holly Smith talked on "Oral hygiene" and Dr. J. C. Bloodgood, on "First aid." The lecture was illustrated by moving pictures and lantern slides.

Dr. R. D. McClure, resident surgeon of the Johns Hopkins Hospital, has been appointed surgeon-in-chief to the new Henry Ford Hospital, Detroit, Mich. Two other Hopkins men connected with the hospital are: Dr. F. J. Sladen, physician-in-chief and Dr. F. Janney Smith, resident physician. Dr. Smith is a Baltimorean.

Dr. T. A. Ashby, who has been confined to his home for a number of weeks with the grippe, is convalescing.

The State-wide tuberculosis committee appointed by former Governor Goldsborough has submitted its report on the half-year's investigation. It is recommended that county hospitals for negro tuberculosis patients be established in connection with the present county institutions and that wards for negro tuberculosis patients be equipped in the hospitals in Baltimore and eight other Maryland cities receiving government aid. The suggestion is made that there be an appropriation of \$20,000 to each of the hospitals in the eight cities and \$50,000 to the Baltimore hospitals to construct these wards, and the allowance of \$1 a day for maintenance of each patient.

The report also deals with the details of the proposition concerning the establishment of tuberculosis wards in Baltimore, Cumberland, Hagerstown, Frederick, Annapolis, Elkton, Easton, Cambridge, Salisbury and the establishment of hospitals in the counties in connection with the county institutions.

Dr. John S. Fulton is chairman of the committee. Drs. Louis Hamman, Victor Cullen and Mr. R. C. Powell compose the subcommittee which has made the report.

Dr. Dudley Peter Allen, the senior professor of surgery in Western Reserve University, left \$200,000 in his will to the Cleveland Medical Library Association. The principle has been placed by his direction in the hands of the Cleveland Trust Company, trustees. Interest from the fund is paid to the Association quarterly. The trustees of the Library Association expend this interest at their own discretion for the benefit of the library. No limitations were placed by Dr. Allen's will upon the use of this income. The principal, however, is to remain in trust perpetually.

The articles of merger between the College of Physicians and Surgeons and the University of Maryland were ratified by the regents of the University, January 5 and by this act the combination between these schools becomes a legal fact. The following members of the faculty of the College of Physicians and Surgeons were taken into the board of regents of the University: Drs. J. W. Chambers, Harry Friedenwald, A. C. Harrison, Standish McCleary, W. F. Lockwood, W. S. Gardner, C. B. Gamble, Jr. and G. W. Dobbin.

# BULLETIN NO. 1

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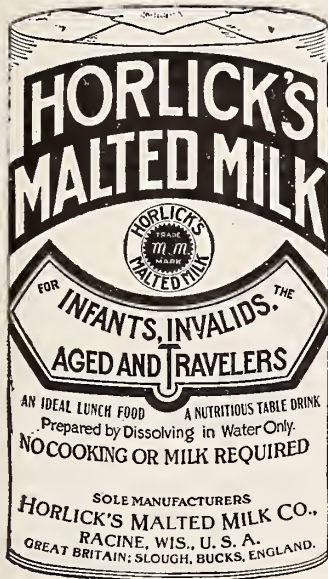
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# THE BULLETIN

OF THE

## MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

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### THE VICE COMMISSION'S INVESTIGATIONS.

While the findings of the Vice Commission were well known, due to the wide publication in the daily press, the members of the medical society could not help fully appreciating the importance of the report and the amount of work done during the investigation when told of it personally by the Chairman, Dr. George Walker. The meeting held February 2 in Osler Hall was well attended and the speaker held the closest attention throughout. All present were very much impressed with Dr. Walker's sincerity and earnestness as he spoke of the findings and conditions revealed by the investigation, especially the part which applied to the traffic in babies.

That an idea may be obtained of the amount of work done to compile the report, which in its completed form comprises five volumes, a general summary is given of the undertaking. The report which represents three years' work, includes an extensive physical examination of the prostitutes and their surroundings, additional blood examinations as control tests, questioning street-walkers and an investigation of rooming-houses and infant asylums. The examination of the prostitutes included a pelvic examination, two smears from the cervix, two from the urethra and one or more from suspicious parts, such as Bartholin's glands, making four to seven slides from each woman examined; blood for a Wassermann test; full medical and social history, asking especially in regard to previous wages; inspection of the house, sanitary conditions, etc. In all 280 women were examined. It was not possible to get these women to come to a



dispensary for examination or to meet in one of the houses in a neighborhood, making it necessary to go from house to house which required a great deal of time so that only 10 or 12 examinations could be made in one afternoon.

Accurate histories were taken from 220 street-walkers and from nearly 200 girls not professional prostitutes. Over 1000 records of various charity institutions were analyzed, 796 furnished room houses and various places of immorality as saloons, were carefully investigated, many by three different people. The mid-wives were investigated and the statements verified; hospitals, doctors and ministers questioned in relation to the baby traffic, were investigated in several different ways by three people; clandestine vice in office buildings, hotels and apartments were collected from different sources and all were verified by corroborating statements. To one who knows the work connected with the Wassermann test, a good knowledge of the amount of work done here is obtained when he thinks of the taking and examining 3243 specimens of blood. These were taken to get an idea of the presence of syphilis in the various classes and represents dispensary patients, inmates of the jail, penitentiary, sanatoriums, a factory and a boys' school.

The report has brought to light many conditions which to many, were not known to exist, certainly not to the degree shown and especially is this true in regard to the traffic in babies. The institutions where these babies were placed were found to give them good care and the stories that the infants were mistreated, underfed and given overdoses of paragonic, are untrue. It is true that of the infants placed in these institutions 80 to 90 per cent of them die within the first year. This tremendous death-rate is due to the fact that the child is separated from its mother and does not get the milk it needs. No special difficulty is to be experienced in placing an infant in such an institution, as upon the payment of a certain sum there are individuals who take the baby, in some instances without the mother having even seen it, and put it away. Also, a child can be obtained from one of these institutions where very few questions are asked of the purchaser. The money is to be at a certain place and the infant will be there for exchange. Opinions differ even among doctors on this question of putting illegitimate babies away, but on the findings Dr. Walker has asked the legislature to enact a law making it unlawful to separate an illegitimate baby from its mother, except from physical reason, punishable with fine or imprisonment. To aid in securing this legislation, Dr. H. M. Hurd moved that a committee of five from the Baltimore City Medical Society be selected to work with the Chairman toward this end.

The expense of the Commission's work was met by an appropriation of \$5000 from the State and \$7000 given by private subscription.

The Chairman following the publication of the report, was called before the Grand Jury of Baltimore City and also, the Commissioners of Baltimore County and in each case was able to prove the facts set forth. He also made a report to the legislature. The report will most likely be printed.

It is then, that we wish to emphasize the importance and the amount of this work which has been done, and to call attention to the fact that it is due primarily to the initiative and persistent work on the part of the Chairman that it has been accomplished.

### THE McCUSKER BILL.

During the past week authentic word has been received from Annapolis to the effect that the McCusker bill, House Bill no. 24, has been killed in the Hygiene Committee of the House. It is quite unlikely that it will make its appearance at this session of the legislature in any other forms. While the bill had one or two possible good features it was on the whole one of the most unjust and unwarranted pieces of legislation against the medical profession that had been attempted for sometime. It is quite significant that many of the druggists were outspoken against the bill, as of course was the medical profession, but no one seemed to come out in the open and champion the measure.

### LOSS OF AN ACTIVE MEMBER.

The news of the loss of one of the Faculty's most active members came after the forms for the BULLETIN were closed, but it was felt some mention should be made in this issue. Dr. G. Lane Taneyhill, who died on March 2, 1916, was a member of this organization for fifty years, and during all that time participated actively in its affairs. As Secretary from 1882 to 1894, as Trustee from 1899 to 1915, and to the time of his death official delegate to the American Medical Association. Having command of parliamentary law he was a valuable member of the House of Delegates of both this State and National Societies, and his presence will be missed in both these gatherings.

It is not given to many to continue in active work in so many fields for such a length of time, and is but another example of the value of the physician to the community in which he lives.

## TRAINED NURSES IN THEIR RELATION TO THE ATTENDING PHYSICIAN, THE PATIENT AND THE PATIENT'S FAMILY.

In the July, 1915, BULLETIN, under the above title, a copy of a letter written by the Editor to the several nurses' registries of Baltimore was published. A request was made in this letter for information relating to the customs of nurses when caring for patients in private homes and for information concerning any rules which may have been formulated to govern the hours on and off duty, etc.

The following letter from Miss E. J. Taylor, Secretary of the Maryland State Association of Graduate Nurses, dated February 10, 1916, should prove of interest to the readers and will, no doubt, be very helpful in bringing about a better working relationship between the nurse, the attending physician, the patient and the patient's family:

DEAR DOCTOR MAGRUDER:

A committee formed from the Maryland State Association of Graduate Nurses, met in October, 1915, to consider a letter sent by you from the Medical Board asking for information concerning the standards regulating certain conditions relative to private duty nursing.

The committee composed of private duty nurses and the registrars from the several schools in the city, together with a few of the Superintendents of Training Schools—after investigating the rules governing each registry—brought in a report which was submitted to the Maryland State Association and discussed in an open meeting.

The Secretary was therefore instructed to write in reply to the letter sent by the Medical Board, stating that the State Association did not feel that as an association it was wise to adopt a code of regulations to govern the nurses in private duty, other than that already endorsed in the various registries, which is more or less uniform.

It is generally felt that too little provision is made for nurses' relief in private duty and while it does not seem desirable that definite hours be stated, it is recommended that more consideration be given to the time they should have for rest and recreation. It was suggested that the nurse consult with the physician in charge of the case and the family be given to understand the necessity for relief, in order that sufficient time for rest and relaxation be given, to make it possible for the nurse to give efficient service.

With reference to the fee. Here again the State Association felt there should be some elasticity, but recommended that an approximate schedule be made the basis upon which to work. In ordinary cases \$25 per week or \$4 per day for any thing less than a week; \$35 per week for obstetrics for first two weeks; \$30 to \$35 per week for mental and contagious cases. Special arrangements to be made when more than one patient in a household is to be cared for.

It is understood of course, that in any regulation adopted, exceptions may be made and the nurse must be governed by existing circumstances. It is also understood that the above is only a suggestion and does not interfere with a nurse making her fee what seems right to her under the conditions as she finds them.

Very sincerely,

E. J. TAYLOR,  
*Secretary.*

NATHAN SMITH, NATHAN R. SMITH AND ALAN P. SMITH—  
THREE GENERATIONS OF A MEDICAL FAMILY.<sup>1</sup>

BY HENRY M. HURD, M.D.

As peculiarly appropriate in a gathering of Baltimore physicians to whom the name of Nathan R. Smith, the so-called "Emperor," is a familiar one, I have been asked to give a brief account of the memoir of Nathan Smith, the first of the line of four generations of physicians, recently written by Mrs. Alan P. Smith and published by the Yale Press, and to add some facts in reference to his son, Nathan R. Smith, and his grandson, Alan P. Smith. The memoir as originally written by Mrs. Alan P. Smith contained most interesting sketches of the lives of these three men, but it was found difficult to secure a publisher, notwithstanding the hope when it was written that it might appeal to three different institutions which individually were interested in its publication—the Medical School of Yale University, which Nathan Smith founded, the University of Maryland, where Nathan R. Smith, his son, and Alan P. Smith, his grandson, did their life work, and the Johns Hopkins Hospital and University, in both of which institutions Alan P. Smith was a faithful trustee and valued adviser. If the work has been properly presented to Yale, the University of Maryland and the Johns Hopkins foundations there is every reason to think that it might have been published eventually in this manner, but the celebration of the one hundredth anniversary of the founding of the Yale Medical School in 1914 suggested the wisdom of making an immediate appeal to the Yale Press, and as this proved successful only as far as the volume related to Nathan Smith, it was deemed advisable to limit the publication to his life. The material relating to Nathan R. Smith and Alan P. Smith remains unpublished, but I am not without hope that the friends of the two remaining institutions may undertake its publication jointly.

Nathan Smith came of good English stock and was born at Rehoboth, Massachusetts, in 1762. In his boyhood his father removed to Chester, Vermont, where Nathan grew up on a farm with the scanty opportunities for an education afforded by a pioneer country, the irregular and generally rudimentary school. The first record we get of him was his service in the Vermont militia, when he was called out to protect the inhabitants from the Indians. Later he taught in a district school and while thus employed was called upon to assist Dr. Goodhue, a noted Vermont surgeon of the time in the amputation of a leg. He was so much interested

<sup>1</sup> Paper presented to the Book and Journal Club of the Medical and Chirurgical Faculty, January 18, 1916.



in the operation that he then and there applied to Dr. Goodhue to be taken on as a medical student, but was sensibly advised to go home and study more or until he was qualified to enter the freshman class at Harvard. He spent a year or more in study with a clergyman at Rockingham, Vermont, and then at the age of twenty-two came to Dr. Goodhue at Putney, Vermont, and remained his office student for the following three years. In 1787 at the age of twenty-five years without any other medical instruction he went to Cornish, New Hampshire, and established himself in practice. Here he remained two years and then went to Cambridge where in Harvard Medical School he attended the lectures of Dr. John Warren in Surgery, Dr. Aaron Dexter in Chemistry and *Materia Medica*, and Dr. Benjamin Waterhouse in Medicine. In 1790 he received the degree of M.B. the fourth graduate in point of time in the Medical School. He read an inaugural dissertation on the "Circulation of the Blood." With his diploma he returned to Cornish and in 1791 first married a Miss Chase who lived about two years. In a little more than a year after her death he married once more and this time his deceased wife's half-sister. His letter to his would-be bride under date of January 22, 1794, is brief and to the point at you will see:

SALLY:

You will excuse the precipitancy with which I proceed in my endeavors to accomplish my connection with you. I expected last evening to have set off for Hanover this morning, and I could not endure the least uncertainty till I returned, therefore I discovered my wishes respecting you to your Sire and Marm last evening, and they have generously given me leave to marry with you.

I hope I shall never meet with your disapprobation. Transported with Joy and Expectation I am

Your sincere Lover,

NATHAN SMITH.

Notwithstanding his extreme precipitancy in marrying a second time he seems to have had other plans in mind, because we soon find him, after failing to secure the establishment of a professorship of medicine in connection with Dartmouth College in 1796, arranging to go abroad to study at the University of Edinburgh. He crossed the ocean in mid-winter on a small sailing vessel, and was obliged to exercise the strictest economy in order to make the journey at all and even then upon borrowed money. He seems to have been a diligent student in Edinburgh, and afterwards spent three months in London, and returned home to Boston in September, 1797. In the same autumn he delivered a course of lectures at Dartmouth as professor of medicine, although not appointed until the following year. The duties placed upon him by the professorship required that he should deliver lectures upon anatomy, surgery, chemistry and the

theory and practice of physic. The work seems to have been carried on with great zeal and ability.

In August, 1798, two of his students received the degree of M.B., and the degree of A.M. was at the same time conferred upon him by Dartmouth College. The Medical School was housed in a small two-story building of four rooms, with in addition a room in the northeast corner of the first story of Dartmouth Hall. From the sample of an introductory lecture which is given in the Memoir prepared by Mrs. Smith, the impression is gained that the personality of the lecturer made whatever he said impressive and effective. The matter itself does not seem to have been especially new or interesting.

In addition to the conduct of the Medical School he devoted himself to the practice of medicine, and especially the practice of surgery. In August, 1804, a salary of \$200 a year was voted to him by the trustees of Dartmouth College on condition that he move his family to Hanover from Cornish, so that he might have more time to devote to his duties.

The interest excited by his instruction in this new department is illustrated by an anecdote related by a gentleman who was an undergraduate in the college:

President Wheelock came from Dr. Smith's lecture room to evening prayers in the old chapel, and gave thanks in substance as follows: "Oh, Lord! we thank Thee for the Oxygen gas; we thank Thee for the Hydrogen gas; and for all the gases. We thank Thee for the Cerebrum; we thank Thee for the Cerebellum, and for the Medulla Oblongata."

The medical school seems to have been very prosperous from the start, and before many years a commodious building was erected for it, which is still in existence. In the year 1812, just why is not known, Dr. Smith decided to go to New Haven to establish a Medical School in connection with Yale College. Here his work was in many respects more pleasant than at Hanover and probably less arduous, although the school itself does not seem to have been as large. The school opened in October, 1813, with a class of thirty students. It is probable that one of the reasons for his removal to New Haven was his desire for an easier life and to look after the education of his sons, one of whom graduated in 1816 and the other in 1817.

In 1820 Dr. Smith became connected for a time with a medical school at Brunswick, Maine, in connection with Bowdoin College, where he delivered various lectures, with the exception of those on chemistry, to a class of twenty-one men. The next year we are informed that the class had increased to forty-nine, and in a few years to nearly one hundred. Not satisfied with his activities at Dartmouth, Yale and Bowdoin, Dr. Smith also, when his son, Dr. Nathan R. Smith, became connected with

the medical school at Burlington, Vermont, visited the school and delivered courses of lectures there. Very soon, however, he gave up these outside duties and concentrated his work at New Haven, where he seems to have been extremely successful. He died in 1829.

His remarkable contribution to medicine was his method of treating typhoid fever by cold affusions. His greatest contribution to surgery was unquestionably his *Pathology and Treatment of Necrosis*.

He seems to have written but little, but what he did write was always clear, concise and to the point. His article on typhus fever (our present typhoid) contains much that is interesting and modern, and can be read with great advantage at the present time. I will give a few extracts from it:

When I commenced the practice of physic in 1787, in Cornish, N. H., a town situated on the banks of the Connecticut river, I was informed by physicians, as well as the inhabitants who had resided many years in that part of the country, that about twenty years previous, a fever, which they had called *nervous*, had prevailed in that vicinity, had soon after disappeared, and, for the twenty years next succeeding, had not returned in a solitary instance. It was eight years after, during which time I visited the sick pretty extensively in that and the adjacent towns, before I saw or heard of a single case of typhus fever. I was then called into a family, one member of which had died of this disease, and another then lay sick of it. Soon after I left this portion of country, and was absent for about eighteen months, and was in consequence unable to trace the course of the disease; but in 1798, a year after my return, it made its appearance in the village surrounding Dartmouth College, twenty miles distant from Cornish, and in several neighboring towns simultaneously. From that time to the present, a lapse of more than twenty-five years, I have never so far lost sight of the disease, as to be unable to follow its changes from one place to another, and to tell where it was prevailing.

*Contagiousness of Typhus.* That the typhus fever is contagious (without going into a discussion upon contagion and infection, I would observe, that by a contagious disease, I mean simply one that can be communicated from one individual to another), is a fact so evident to those who have seen much of the disease and who have paid attention to the subject, that I should have spared myself the trouble of saying anything in regard to it, did I not know that there are some physicians in this country, who still dispute the point; one which I think can be as fully demonstrated, as that the measles, smallpox, and other diseases universally allowed to be contagious are so.

The arguments usually brought against this opinion are, that in certain cases, we cannot trace the contagion to its source, and that many persons exposed to it, do not contract the disease. These objections might be advanced with equal truth against the contagiousness of all diseases; as it frequently happens, that one or more individuals in a family will escape an attack, though equally exposed as those who suffer from it.

A few instances, which have fallen under my own observation, would alone be sufficient to determine the question.

A young man, a pupil of mine, was attacked with the typhus fever, from which he recovered with difficulty. Some of his family, who lived about forty miles dis-



tant, came and took care of him during his sickness. Upon his recovery they returned home in good health, but soon after sickened with the same disease, and communicated it to others, who had not been exposed in the first instance. From this it spread to numerous other families in the vicinity, who had been exposed to the contagion. In the whole town where this occurred, there had been no case of typhus fever for many years till brought there by the circumstances above related.

During the prevalence of the typhus fever in Thetford (Vt.) a woman went there from Chelsea, about ten miles distant, to visit and administer to a sister sick of this disease. Upon her return she was herself attacked by it, and soon after died. Others of her family contracted it of her; and in about four weeks there were thirty persons taken down with typhus, all of whom had been exposed to the contagion. A young man belonging to Plainfield, (N. H.) who had left his friends, and resided for some time in the western part of the state of New York, returned to his father, who had a numerous family. He found himself unwell before he reached home—was immediately confined with typhus, and soon sunk under the disease. In about four weeks after, I was called into the family, and found nine members of it sick of the same fever.

\* \* \* \* \*

*Treatment.* But the most effectual method of reducing the temperature of the body is by the use of cold water, which may be taken internally or applied externally. When persons sick of this disease, desire cold water to drink, it should never be denied them—they should be allowed to drink *ad libitum*. The quantity of heat abstracted from the body by the water which they will drink, however, is but small, and except in cases where by its influence on the stomach, it produces perspiration, its effects are very trifling.

The only effectual method of cooling the body, in these cases, is by the use of cold water applied externally; by this means we can lessen the heat to any degree we please. Different physicians have adopted different modes of making the application. Some advise to take a patient out of bed, pour buckets of water upon him, and then to replace him again; while others prefer sponging him with cold water. We have cases, where cold water would be of service, in which our patients are too much reduced to be taken out of bed and placed in a sitting posture without injury. In these cases a different management will be necessary. The method which I have adopted is to turn down the bed-cloths and to dash from a pint to a gallon of cold water on the patient's head, face and body, so as to wet both the bed and body linen thoroughly. It is better that he should lie on a straw bed when this is done, it is not, however, essential. If his body should be very hot, he may be turned upon his side and the water dashed upon his back.

As soon as his linen and bed cloths begin to dry, and the heat in the head and breast begins to return to the surface, the water should be again applied, and in this way the heat may be kept down in the natural standard or rather below, on the surface, so that the skin may feel rather cool to the hand of a healthy person.

It is not very material what the temperature of the water is, if it is below blood heat, excepting the shock given by its first contact, which in cases where there is much stupor or coma, is of some importance; in general, the effect is produced chiefly by the evaporation.

Dr. Nathan Smith had four sons—all of whom studied medicine—namely, David Solon Chase Hall, Nathan Ryno, James Morven, and John Derby. The eldest, Solon Smith as he was called, born in 1795,



was a leading physician and surgeon at Sutton, Massachusetts, and later at Providence, Rhode Island, where he died in 1859. Nathan Ryno Smith, who was born in 1797 and died July 3, 1877, spent most of his life in Baltimore. He was at first professor of surgery at the University of Vermont; later for two years Professor of Anatomy at Jefferson Medical College in Philadelphia, and then professor of surgery at the University of Maryland for the remainder of his active career, with the exception of three years, 1837-1840, when he was professor of surgery at Transylvania University. He was pre-eminently a surgeon—noted for his skill and kindness of heart. He was also an oculist. He seems to have been, in his early life, quite a writer. His inaugural thesis at the time of his graduation in medicine shows that he had much of the modern spirit of medical investigation. I have traced out a portion of the titles of his books and will read them: *Essay on Digestion; Diseases of the External Ear* (translated from the French); *An Essay on the Description of Apparatus for the Treatment of Fractures; Medical and Surgical Memoirs* (of Nathan Smith); *Surgical Anatomy of the Arteries*, first and second editions; *Anterior Suspensory Apparatus in the Treatment of Fractures of the Lower Extremity; Legends of the South by Somebody Who Wishes to be Considered Nobody*.

He also contributed regularly to the following journals: *American Medical Review*, *Philadelphia Medical Journal*, *Baltimore Medical Journal*, *American Journal of Medical Sciences*.

His style is rather interesting—as, for example, in his little work on *Diseases of the External Ear* he says very concisely:

The diseases of the external ear, being obvious to the eye, and accessible to the hand of the surgeon, are recognized with far more ease, and treated with much more precision and success than those which affect the deep-seated parts of the apparatus of hearing. They are also less important, in as much as they do not so often impair the function of this valuable sense, and yet they are not uninteresting in this respect, as they sometimes extend to the more essential organs, or are the effects and symptoms of more deeply seated disease.

In the matter of his surgical operations I am not sure that he made any very epoch-making discoveries. He seems to have been an extremely deft and able surgeon. He was especially noted in Baltimore for his subcutaneous section of the tendo Achillis; also for his invention of a lithotome which he used in 250 operations for stone in the bladder, and for his anterior splint. He died in 1877 at the age of eighty years.

The third son, James Morven Smith, was also a physician and was a resident of Springfield, Massachusetts. He lost his life in a railway accident at Norwalk, Connecticut, about 1854.

The fourth son, John Derby Smith, was first a clergyman and later, on the failure of his health, became a physician and served in the army and navy. He died in Baltimore, in 1884.

Of the sons of Nathan R. Smith the only one with whom we are especially concerned, by reason of his profession, is Dr. Alan P. Smith, born in 1840 and who died in 1896. Although pre-eminently a surgeon he was also a physician and had a large general practice. He filled the chair of operative surgery at the University of Maryland for a short time. He was one of the incorporators of the Johns Hopkins University and later a trustee also of the University and Hospital. He was offered the position of Surgeon-in-Chief of the Johns Hopkins Hospital, but declined it. He possessed great skill and dexterity as a surgeon, and was especially known for his success in lithotomy. He was gentle, kind-hearted, sympathetic and thoroughly interested in all that concerned the improvement of medical education. His health finally failed, and after a long illness he died at the early age of 58 years. He wrote comparatively little.

A memoir of Nathan R. Smith and of Alan P. Smith should be prepared and published to do them deserved honor.

REMARKS AT A MEETING OF THE BOOK AND JOURNAL CLUB,  
TUESDAY JANUARY 18, 1916 IN REGARD TO  
PROF. NATHAN RYNO SMITH.

DR. JOSEPH T. SMITH: I also am fortunate enough to have the signature of Professor Smith on my diploma.

"The Emperor" had resigned from the Faculty before I entered the University but upon graduation I was very desirous of having his signature along with those of the other eminent men. I well remember my visit to him, he was in his office and received me very cordially, when I made my request he looked at the diploma for some minutes in silence and then said "Well! I do not think the Faculty will object" and signed it.

I think in these days of plaster casts and other appliances for keeping a fracture in place while the individual goes about, we are apt to forget what, to my mind, was one of the greatest advantages of the "anterior splint," namely, the fact that the patient with his limb suspended by a cord from the ceiling had it so adjusted that he could be lifted into a chair at the side of the bed and thus be greatly helped as to his general physical condition.

DR. WILMER BRINTON: As I was leaving my office tonight to attend this meeting, I looked upon the top of a book case in my office and saw

two old "Smith's anterior splints," which I used quite extensively in my early practice in fractures of the femur and also of the bones of the lower extremities, I could not help thinking that after the death of Nathan and Alan P. Smith, the physicians of Baltimore, almost cease to use this splint showing the influence of these two men on the profession for many years. I feel sure not many got the same results in fractures from the use of the splint as the two Smiths did. As early as 1880-1885, I am of the view that the majority of the physicians were using the long splint with extension from the foot of the bed for fractures of the femur and plaster paris for fractures of the tibia and fibula. I graduated in the class of 1876, University of Maryland, and although Nathan N. Smith, had ceased teaching at the University for several years, he signed our diplomas. This was accomplished by a request from the faculty, and a delegation from our class requesting it. He wrote well, his name is signed "Nathan N. Smith, M.D., L.L.D., Emr. Prof." As he died in 1877 our diplomas were the last he signed. During the session of 1875-1876, the "Rush Club," a club which had existed for a great many years at the University and I believe still exists of which I was a member, and this year the president, had our meetings at a room in Professor Smith's home, which at that time was located on West Saratoga Street and was destroyed, I believe when Cathedral Street was opened. The use of the room was due to the influence of his grandson Dr. Theobald, who had been a member of the "Rush Club," and whose untimely death we had to mourn just a year or two after the death of his distinguished grandfather. As the meetings of the club were held weekly, I saw Professor Smith, several times during this winter and on one or more occasions I think he gave a few minutes talk to the club by the request of Dr. Theobald.

Professor Smith was above the average height, at this time slender and straight. He had a kindly blue eye and a remarkable clear and fair complexion for a man of his age. To the members of the Club he was, indeed, the "Emperor" in reputation, appearance, dignity, etc.

DR. HARRY FRIEDENWALD: I have enjoyed listening to the account that Doctor Hurd has given concerning the remarkable personality of Dr. Nathan Smith. My interest in the Doctors Smith has always been very great. My father was a devoted admirer of Nathan R. Smith, in whose office he studied medicine, and about whom he used to tell interesting stories. Thus, I remember having heard how Dr. N. R. Smith was called to treat a very wealthy parvenu and after making a few visits, the patient's wife said to him, "Doctor, I wish you would come oftener and cure my husband more speedily. I am not at all concerned about the expense." The "Emperor" called down at her and replied, "Madam, you had better get someone else to treat your husband!"

When my father was a student, a young female slave was brought to the University because she had swallowed a gold piece which she had stolen from her master. The coin had lodged in the oesophagus. The "Emperor" showed the case to the students and demonstrated his method of removing the coin with the long whale-bone rod, and a coin catcher at the end, then he said, "Now gentlemen, watch carefully the steps of this procedure. We pass down the instrument in this manner and we withdraw it so," and as the coin flew up into the air, he caught it and placing it in his pocket he said, "we dispose of it in this way."

I have, however, a still greater reason for my interest in Professor Smith and this is mixed with gratitude. When I was less than two years old, someone gave me an English half-penny which I promptly tried to swallow. It lodged above the entrance of the stomach and when persistent efforts to make it pass down had failed, Professor Smith was called in to use his instrument, which he did very successfully, and I, therefore, owe him my life. My father's admiration for Professor Smith was unbounded, as I have just said. He revered him as a great teacher, as a great surgeon, and as a great man in every way.

DR. HERBERT HARLAN: I came to Baltimore in the fall of 1877 and never had the pleasure of coming in direct contact with Dr. Nathan R. Smith, "The Emperor." But I have never yet met a medical man who did come in personal contact with him who was not impressed most forcibly with the fact that he was a great man. He must have been a man of wonderful personal force.

I have seen some bad results from his operations, more particularly in my own line, but I have never seen one of his patients, or a doctor who consulted with him or who was one of his pupils, who was not firmly convinced that he was a great man. His must have been a remarkably strong personality.

#### BOOK AND JOURNAL CLUB.

The next meeting of the Book and Journal Club will be on the third Tuesday of March, "the 21st", and it is to be hoped that there will be a large attendance on that occasion. Dr. William H. Welch will speak on "Medical Conditions in China," beginning at the point reached in previous talks and continuing to the end of the investigation. Dr. L. F. Barker, who was elected President of the Club at its last meeting, will preside. Dr. J. A. Chatard was re-elected Secretary-Treasurer. These meetings are open to all physicians whether members of the Club or not, and any friends they wish to bring.



## SOCIETY NOTICES.

## BALTIMORE CITY MEDICAL SOCIETY.

The regular meeting of the Baltimore City Medical Society was held on Friday, February 4, at 8.30 p.m., Dr. C. H. Jones presiding. The minutes of the previous meeting were read and approved.

The Chair announced that a communication had been received from the Federal Children's Bureau asking the Society to coöperate in the Baby Week to be held from March 6 to March 13. The Chairman stated that inasmuch as this matter had been taken up by the Committee on Public Instruction of the Medical and Chirurgical Faculty no further action of the Baltimore City Medical Society was deemed necessary.

Dr. Herbert Harlan, Chairman of the Committee on Legislation, discussed briefly the so-called McCusker bill, which had been introduced into the House of Delegates.

Dr. W. R. Stokes, duly seconded, moved that the meeting be transferred to Osler Hall. The motion was carried.

The scientific program of the evening was devoted to "A presentation of the report of the Vice Commission" by Dr. George Walker, Chairman. At the conclusion of Dr. Walker's address Dr. S. T. Earle, duly seconded, moved that the Society extend to Dr. Walker, and the other members of the Vice Commission, a vote of thanks for the valuable work which had been done by the Commission. Dr. H. M. Hurd, seconded by Dr. Stokes, moved that a committee of three be appointed by the Chair to investigate the "Baby Traffic" to which Dr. Walker had called attention, and after consultation with the latter to report to the Society some plan for abolishing this evil. The motion was unanimously carried. The Chair announced that the committee would be appointed within a few days. Dr. J. Hall Pleasants, President of the Board of Supervision of City Charities, explained the attitude of the Board toward the question of separating babies from the mothers. There being no further business the meeting was adjourned.

## SECTION ON OPHTHALMOLOGY AND OTOTOLOGY.

A meeting of this section was held January 19 in Osler Hall. Dr. Fleckenstein presided. The subject presented was of such wide interest many physicians in general practice attended.

The first paper "Neuro-otology" was presented by Dr. J. H. Jones of the University of Pennsylvania.

In a few preliminary remarks he showed how the tests of Barany had been worked out at their clinic where they had established a separate department of "Neuro-otology" and in their hands had been of great

value in establishing and localizing intracranial growths, especially cerebellar and that some of his statements would be to a certain extent dogmatic, but would clarify the explanation somewhat. He then demonstrated their method of making the tests, on a patient from the Phipps clinic. This case showed no pass pointing on turning to right but normal pass pointing on turning to left. No increase of nystagmus on cold irrigation of right ear with head at thirty degrees, but present when head placed at sixty degrees. Normal reaction in left ear.

According to the preliminary test he then placed the lesion on the right side of the cerebellum.

He then continued his talk by stating that this case bore out their previous opinion that the fibers of the horizontal semicircular canal pass through by a different tract than those of superior canals, that those from the horizontal canal pass by way of the inferior peduncles while those of the superior canals by the middle peduncle.

They also believe that all pointing reactions are primary cerebral instead of cerebellar as Barany states, and as a practical result claims that by these tests they can differentiate lesions of the labyrinth from those of the cerebellum; can always tell when the VIII nerve is diseased; can say positively also, whether or not the posterior longitudinal bundle is affected; and can detect a lesion of the cerebellum but can not always locate it.

He then illustrated by two series of moving pictures showing both the normal and pathological reactions.

*Discussion:* Opened by Dr. B. A. Randall of University of Pennsylvania.

He said in part that while he had followed this work in his department that Dr. Jones and his associates had had the actual work and that they had become so expert that they had been a great help to the neurologists and surgeons in locating growths.

Dr. Lewis Fisher then spoke upon the histological and pathological aspects of the cases and why they had arrived at certain of these conclusions.

Dr. S. A. Brum then gave examples of some of their cases where they had disagreed from the neurologist in the localization of a growth and which at autopsy corroborated their deductions. The paper was then open to general discussion which was participated in by Drs. Thomas, Crowe, Heuer, Downey and closed by Dr. Jones.

#### BALTIMORE COUNTY MEDICAL ASSOCIATION.

Upon the invitation of the Sisters of Mercy and the Medical and Surgical Staffs the regular monthly meeting of the Baltimore County Medical Association was held at the Mercy Hospital Wednesday, February 16,

1916. A refreshing luncheon was served at 2 p.m. This was followed by the business session which was called to order to President Monmonier at 2.45.

The following resolutions were adopted by the Association and copies sent to the Ways and Means Committee and the Finance Committee:

*Be it resolved* that the Baltimore County Medical Association go on record as heartily endorsing the application to the Maryland General Assembly for \$25,000 for each of the years 1917 and 1918 of the University of Maryland School of Medicine and College of Physicians and Surgeons,

*Be it resolved* that the Baltimore County Medical Association go on record as unqualifiedly opposing House Bill No. 24 and that the Baltimore County Delegation to the General Assembly be asked to make every effort to kill the said bill, or, if such be impossible, to have Baltimore County exempted.

#### WASHINGTON COUNTY MEDICAL SOCIETY.

The Washington County Medical Society met in regular session at the Washington County Hospital, Thursday, February 10, 1916, at 2 p.m. with the following members present:

Drs. Baker, Campbell, Hoff, Humrichouse, Kneisley, Laughlin, Mary, Miller, V. D. Jr., Morrison, Ragan, Reichard, Richardson, Scheller, Scott, Wagaman, Watkins, Wertz, Wheeler, Wroth, Simmerman, Layman, Bushon, Kochler, Hoffmeier, Tobias.

An invitation was extended by the local Tuberculosis Association to attend the Clinic, February 12 at the offices of the Public Health Nurse, the Clinic to be in charge of Dr. Sloan, Superintendent of Eudowood Hospital.

The Anti-Dispensing Bill was discussed. It was moved, seconded and carried that the President and Secretary be instructed to follow the course of the House of Delegates Bill No. 24 and take any necessary steps to prevent its passage.

#### *Scientific Program.*

1. Injection of gasserian ganglion for tri-facial neuralgia (Demonstration), Dr. C. M. Byrnes, Baltimore.

2. Report of a case of inverted uterus, following labor, Dr. W. S. Richardson.

The meeting adjourned.

V. D. MILLER, JR.,  
*Secretary.*

O. H. W. RAGAN,  
*President.*

## UNIVERSITY OF MARYLAND AND COLLEGE OF PHYSICIANS AND SURGEONS.

The regular meeting of the Medical Society of the University of Maryland and the College of Physicians and Surgeons was held at the Maryland General Hospital, January 18, 1916, and the following program was presented.

1. *Colon resection—indications and technique of operations with report of cases.* Dr. Frank Martin.

2. *Kidney insufficiency during pregnancy.* Dr. J. M. H. Rowland.

3. *Treatment of fractures of the lower end of the tibia and fibula.* Dr. W. D. Wise.

*Colon resection—indications and technique of operations with report of cases*

After a consideration of the excision of the sigmoid and pelvic colon for malignancy the author takes up the problem of intestinal stasis. He states it as his belief that in extreme cases, in those markedly incapacitated or invalidated from the cause, a colectomy should be done. He recommends the removal of the entire colon and goes into a detailed description of the operation, showing excellent lantern slides of each step. Discussed by Drs. Warfield, McGlannan, Neale, W. D. Wise, Woods and Martin.

Dr. J. M. H. Rowland. *Kidney insufficiency during pregnancy.*

He divides kidney complications during pregnancy into four groups:

1. Mild manifestations late in pregnancy which if properly treated by laxatives, dieting, etc., not serious, and are followed by no permanent lesions of kidney.

2. Changes accompanying preeclamptic toxæmia and eclampsia.

3. Changes present in definitely nephritic cases.

4. Pyogenic conditions—which usually compel early intervention.

He insists that the child of an eclamptic mother is apt to be much more worth saving than the child of the nephritic mother. The latter nearly always being born dead or so puny that it cannot be raised, while the eclamptic is apt to deliver a fairly strong child if it survives the ordeal of operation, delivery, etc.

He recommends that eclamptic cases be allowed to become pregnant again but that the nephritic cases be advised against future pregnancies.

He draws a clinical picture contrasting eclamptic and nephritic toxæmis, showing that the two conditions are easily recognizable and differentiated:

*Eclampsia*

Oedema late, comes on rapidly  
Albumen late  
Headache late  
Inc. B. P. 140 to 190

No previous history of nephritis

No recent history of scarlet fever, typhoid, etc.

Disturbance of vision comes on rapidly and appears late



Retina shows either no change or only slight oedema, or slight hemorrhage after delivery

*After delivery*

Rapid recovery from kidney insufficiency and disturbance of vision

Retinal changes entirely disappear.

Inc. B. P. frequently as high as 230 to 240  
Previous history of nephritis  
Recent history of scarlet fever, typhoid, tonsillitis, etc.

Disturbance of vision comes on early and slowly, increases consistently

Retina may show definite changes of albuminuric retinitis

*Nephritis*

Oedema early, increases slowly

Albumen early

Headache early

*After delivery*

Slow and only partial recovery from kidney insufficiency. Retinal changes remain with little improvement

Discussed by Drs. Neale and O'Donovan.

*Treatment of fractures of the lower end of the tibia and fibula.*

The author of this paper disclaims attempting to present anything new or original, his object being to describe and demonstrate the displacement which may occur, and practical unopen methods of handling each variety. Discussed by Drs. Neale and O'Donovan.

MENTAL HYGIENE SOCIETY

The meeting of the Mental Hygiene Society was held on Wednesday evening, February 23, at the Medical Library, 1211 Cathedral Street (Osler Hall), at eight o'clock. Dr. Thomas W. Salmon, Medical Director of the National Committee for Mental Hygiene, delivered an address on the "Care of the Feeble-Minded."

Dr. E. N. BRUSH, *President.*

Dr. W. B. CORNELL, *Secretary.*

DEATHS.

Dr. William Edward Mosely, aged 67, at his home, 614 North Howard Street, February 10. Death was due to carcinoma of the stomach.

Dr. J. H. Howard, 202 East Twenty-fifth Street, aged 76, died at The Johns Hopkins Hospital, February —. Death was due to cardiac disease.

Dr. G. Lane Taneyhill, aged 76, at his residence 1103 Madison Avenue, March 2. Death due to heart disease, following a very short illness.

Dr. William Philip Spratling, aged 52; from 1894 to 1908 medical superintendent of Craig Colony for Epileptics, Sonysa, N. Y., and later a practitioner of Baltimore, but for the last four years a resident of Welaka, Fla., died in that place December 22, from the effects of a gunshot wound accidentally self-inflicted while hunting. He was the author of a work on "Epilepsy and Its Treatment."

## MEDICAL NEWS.

A bill asking for an appropriation of \$10,000 for the erection of a hospital in Charles County has been introduced in the Legislature. The amount asked for is not to become available until an additional \$5000 is subscribed. The latter amount may be raised by private donation or a levy made by the county commissioners or both. The bill calls for an additional yearly appropriation of \$3000 to aid in the running expenses.

Dr. John Mace, of Cambridge, recently spent three days in Baltimore visiting the different hospitals.

Dr. F. Park Lewis, President of the Commission Government Association of Buffalo, New York, read an interesting paper before the Physician's Civic Club, Friday evening, February 11, at Osler Hall. A detailed description of the successful efforts to secure a new charter for Buffalo was given, whereby the city was changed from one which was boss-controlled to one which is ruled by the commission form of government. The plan has been quite as satisfactory in Buffalo as in the other cities where it has been in use. Dr. A. R. L. Dohme and Hon. G. R. Gaither were the other speakers of the evening. That a decided interest is being taken in the local club is attested by its growing membership and the increased attendance at the meetings which are held monthly.

At a recent meeting of the Medical College Association in Chicago it was decided that students entering upon the study of medicine in 1918 will be required to have two years of pre-medical work. Dr. A. D. Bevan, President of the American Medical Association, pointed out that 51 medical schools have adopted the six-year course and he prophesied that by 1920 this course would be required by law. It is also thought the state boards will require a year's hospital experience before granting the license to practise. In the preliminary training Dr. L. F. Barker advocated a broad foundation in anatomy, physiology and chemistry. Those opposed to the additional requirement argue that the men thus trained will not be willing to locate in the smaller towns which will cause a dearth of physicians in the rural districts. Drs. Randolph Winslow, Herbert Harlan and L. F. Barker attended the meeting from Baltimore.

It is a matter of interest to note the efforts of the society, the Knights of Columbus, to raise money for the equipment of a home for helpless tuberculosis patients. If established, this will be the first institution of the kind in operation in Maryland which is not supported by the city or state. The fund was first started in 1907. It is intended to give the latest scientific treatment and any patient, regardless of sect or creed, will be admitted.

Dr. John S. Fischer, formerly of Baltimore and a graduate of the Johns Hopkins Medical School, 1903, has opened a Sanitarium at Atlantic City.

It is for the care and medical supervision of a few convalescent patients, every effort being made to co-operate with their home physician.

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## BOOK REVIEWS.

*The Treatment of Acute Infectious Diseases.* By FRANK SHERMAN MEARA, M.D., Ph.D., Professor of Therapeutics in the Cornell University Medical College in New York City; Attending Physician to Bellevue Hospital, New York; Consulting Physician to the Mountinside Hospital, Montclair, N. J.; and to the Morristown Memorial Hospital, Morristown, N. J.; Associate Attending Physician to St. Luke's Hospital, New York. The Macmillan Company, pp. 540. Price \$3.50.

It is a pleasure to review a book, which, in the main, represents the author's individual opinion in regard to therapeutic measures. Dr. Meara has filled what the newspaper reporter calls a "long-felt want" in outlining the treatment of acute infectious diseases.

The book includes all of the common infections and also short chapters on those infrequently met with. It is thoroughly practical and contains many useful suggestions and a great deal of very sound advice. A very favorable feature of the book which will appeal to busy practitioners is a series of summaries in which all of the therapeutic measures for each disease is given in as few words as possible.

In the main the book is very orthodox in its teaching, as Dr. Meara follows for the most part the accepted methods of treatment. One cannot help wondering if Dr. Meara carries out to the letter the precautions which he suggests for the physician. The writer of this review has had as large an experience with infectious diseases as ordinarily comes to one in practice, together with some exceptional opportunities for observing certain of the infectious diseases. He has never found it necessary to carry out the extreme measures recommended nor does he know, after many years of scrupulous observation, that he has ever transmitted any of the infectious diseases. The simple rules of never sitting down in a house where there is an infectious disease, of keeping the clothing from touching the furniture or patient, or handling the patient as little as possible, of washing the hands thoroughly in running water with plenty of soap, of the use of a gown in scarlet fever or diphtheria, certainly ought to cover the ordinary requirements.

The book can be highly recommended to anyone who wants an up to date, concise account of the therapeutics of the infections.

*Diseases of the Nose and Throat.* By ALGERNON COOLIDGE, M.D., Professor of Laryngology in the Harvard Medical School. 12 mo of 360 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1915. Cloth, \$1.50 net. W. B. Saunders Company, Philadelphia, London.

This little book will serve as a guide to students and to others as a beginning for more extended study. The type and paper are admirable for easy reading and could well be copied by some of our works on ophthalmology. The illustrations are practically all diagrammatic, and while possibly better adapted for teaching the fundamentals, are certainly less helpful in the actual clinical recognition of conditions. While the examinations and findings are treated with due consideration, it seems to us that the therapy has much to be desired. The treatment often consisting in generalities in both medicinal and operative, so being of little benefit either to student or practitioner.

We believe, however, as a guide to the student the author has produced a useful volume.

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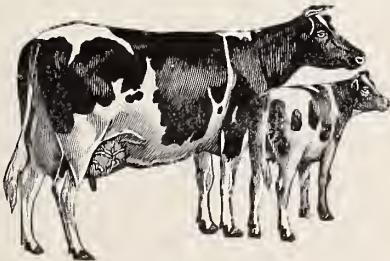
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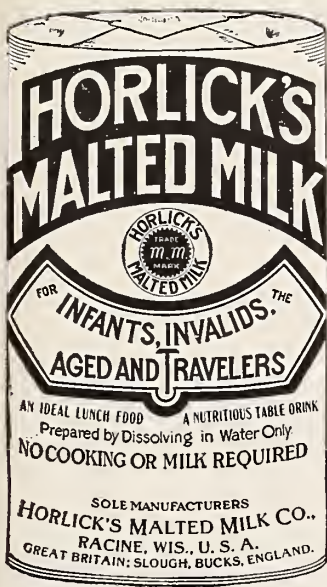
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Vol. VIII

APRIL, 1916

No. 10

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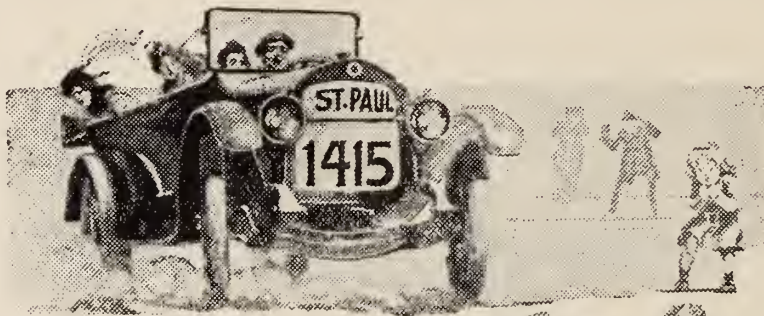
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Information connected with Medical Examinations and licensure by addressing Secretary, J. McP. Scott, Hagerstown, Md.

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Component Societies of the Faculty, with a list of their officers and times of meeting

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PUBLISHED MONTHLY

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VOL. VIII

BALTIMORE, APRIL, 1916

No. 10

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### CAN DR. BALDY'S CRITICISMS BE APPLIED TO MARYLAND HOSPITALS?

Those who attended the meeting of the Baltimore City Medical Society on March 17, 1916, were amply rewarded and secured much material to which they can, with advantage, give careful consideration.

The general subject was that of "Medical Licensure," but the special references to the campaign for hospital reform made by Dr. J. Montgomery Baldy, of Philadelphia, President of the State Board of Medical Examiners of Pennsylvania, as conducted under special laws of that state, indicated the thoroughness with which conditions are being investigated and the measures employed by this committee to enforce their recommendations for reform.

The authority of the Board of Examiners of Pennsylvania to reject any candidate for licence to practice medicine in that State, whose internship has been served in a hospital not measuring up to the requirements, and the necessity which forces hospitals to secure internes, place with the Board powers which can be employed in a constructive manner or can be misused to the extent of forcing reforms so rapidly as to work hardships upon the public whom, in the last analysis, they desire to serve.

The full report of this committee will ultimately be published and should be carefully studied by everyone who has any connection with the conduct of a hospital either in the capacity of member of board of managers, superintendent, visiting physician or patron.

The deplorable conditions discovered in some of the hospitals investigated by Dr. Baldy, in which laboratory facilities for properly safeguard-



ing the interests of patients admitted for treatment were found inadequate or altogether absent, certainly warrant active measures for their correction.

The administration of anesthetics by inexperienced persons, the performance of important operations on "snap" diagnosis in hospitals which do not possess or attempt to use clinical or X-ray laboratories, and the extreme inadequacy of case and general hospital records, apparently frequently noted by this committee—were exposed and criticized by Dr. Baldy in no uncertain manner.

One of the reasons assigned by him for the development of these conditions is the failure of the medical staffs and the hospital managers to work together for the proper conduct of the hospitals and for the best results to the patients. He laid much of this blame upon the physicians—seemed to think many of them guilty of sacrificing their patients' welfare to their own pecuniary gain—and stated that hospital boards when shown the way seemed inclined to improve conditions promptly.

Dr. Baldy explained the methods adopted by the committee for securing reports from hospitals and instituting reforms, which were most interesting and instructive.

While considering the statements made by Dr. Baldy relative to hospitals and physicians in Pennsylvania, the listeners quite naturally asked themselves to what extent such criticism could with justice be applied to hospitals in Maryland. The reaction produced and the discussion provoked seemed to indicate that some, at least, of the audience believe that the hospitals in Maryland are, with few exceptions, conducted as well as the means available for their maintenance will permit. Certain reforms, such as rotation of service of internes, have in some cases been already adopted.

Whether or not the Maryland hospitals all have trained anesthetizers—well equipped clinical and X-ray laboratories conducted by competent men—progressive boards of managers—and staffs of physicians of such character that they give the best service of which they are capable and do not sell their honor for any promise of gold—are matters for the investigators and the public to learn.

Certain it is that the public *will* learn and the best way to secure the highest degree of efficiency on the part of the hospitals, as in everything else, is to see that the public *does* learn.

Enlightened public sentiment will stimulate public support and the unfavorable conditions will be corrected as a natural result.

In the evolution of the reforms in medical education, hospital management, internship and methods of supporting and regulating the medical schools and hospitals, a certain balance and saneness must be preserved or

the public will not be properly served. The public is vitally concerned in the ultimate results of these activities. The public will soon demand well trained physicians, well conducted hospitals with scientific care, and will see that they are made available.

Whether a man lives in the country, has his operation performed in the small town hospital near his home or is removed to a hospital in a large city, he is certainly entitled to receive scientific and conscientious treatment. Whether he lives in the country or the city, he must have available competent medical and surgical service when he requires it.

Maryland must take stock upon these questions—speedily correct abuses if they are found to exist—create public sentiment in support of conditions which will insure to Maryland a sufficient number of well equipped physicians, properly conducted and supervised hospitals with enough internes to run them who are graduates of recognized medical schools, and a desire for betterment which will go hand in hand with the progress of science.

#### DR. W. L. RODMAN.

It was only the other day that Dr. Rodman was before the Council on Medical Education and its affiliated bodies in Chicago, sweeping everything before him in his eagerness to give to the medical profession of the whole United States that homogeneity which he always believes could only be brought about by a National examining board which would in a degree equalize, while raising, the standards of all the states. Back as far as 1893, Dr. Rodman had begun the campaign for this great result. His tenacity and persistency had all but won the fight, and the memory of his quarter of a century's campaign will win it yet. Dr. Rodman's gratitude at his elevation to the presidency of the American Medical Association was far more for the opportunity it offered for doing good than because of the gratification of his personal ambition.

He was only sick forty-eight hours. To his devoted wife and gifted son, the Journal extends sympathy and love of the medical profession of Kentucky. We loved him and were proud of him and followed him and we sorrow for him but will always follow the ideals he held so high and hope to be worthy of the friendship of one who so loved his friends.

Dr. Rodman was a great teacher, a great leader, a great statesman, and he was above all things a surgeon. He loved surgery for the good it did, and he devoted himself to his profession with a driving force that was bound to win. His method of amputation of cancer of the breast is beyond question the ideal method. He always had the courage of his convictions and he won his way in all his varied activities because he was usually right and always fearless.—April 1, 1916.—*Kentucky Medical Journal*.

THE NATIONAL BOARD OF MEDICAL EXAMINERS.<sup>1</sup>

LOUIS A. LAGARDE,  
*Colonel, U. S. A.*

The National Board of Medical Examiners was created and organized by the late Dr. W. L. Rodman, President of the American Medical Association, and his first public announcement of its existence may be found in his Presidential Address, delivered before the members of the Association at the annual meeting in the city of San Francisco, last June. In this address Dr. Rodman stated that the Board was conceived to meet a situation which under our peculiar form of government results in hardship and embarrassment to those who for various reasons choose to change their location.

He resolved early in his career to lend his time and influence to improve on the method of licensure which compels a man to be subjected to an examination when moving from one state to another, and he was thus prompted by his own experience when he moved from Louisville, Ky., to Philadelphia, Pa., in about 1896, at which time he was made to stand an examination during which he wrote his papers sitting at the same table with two students whom he had taught. Not long after this experience he turned his attention to the solution of the problem.

In 1901, at the April meeting of the Committee on National Legislation representing the American Medical Association in the city of Washington, he outlined his ideas on the composition, and the reasons for a central board. In the June 7, 1902, number of the *Philadelphia Medical Journal*, there appears a second paper from his pen on the "Proposed National Examining Board." In all of his references to a national board he sought to utilize the experience of both federal and civilian members in the scheme of examination.

The need of a standard licensing body for all of the United States and Territories, became so apparent that Dr. Rodman, as already stated, proposed a voluntary board, selected from the Medical Corps of the Army, Navy and Public Health Service, with other members selected from the Federation of State Examining Boards, and members from the medical profession of the United States.

The principal features in the constitution of the Board recently organized are:

- (1) The name of this Board shall be The National Board of Medical Examiners.
- (2) The domicile of the Board shall be Washington, D. C.
- (3) The objects of this Board are:

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<sup>1</sup> Paper read before the Baltimore City Medical Society, March 17, 1916.

(a) The establishment of a standard of examination and certification of graduates in medicine, through which the recipient may be recognized for licensure in the practice of medicine in the United States, its Territories and extraterritorial possessions on presentation of the proper credentials of the Board.

(b) This Board is desirous of coöperation with the Boards of Medical Examiners in the individual States, Territories and extraterritorial possessions, by which licensure may be affected through registration of the credentials of this Board, in the same way that the discretionary powers of a State Board affords recognition of the certificate of another licensing board.

(c) The examinations are to be conducted by all modern means to accomplish practical, oral, and written tests of the candidate's efficiency and qualification.

The personnel of the Board at present is as follows:

1. Dr. J. Wyllis Andrews, Chicago.
2. Dr. H. D. Arnold, Boston.
3. General Rupert Blue, Surgeon General, Public Health Service.
4. Admiral W. C. Braisted, Surgeon General, U. S. Navy, *Chairman*.
5. Dr. Isadore Dyer, New Orleans.
6. Dr. Austin Flint, New York.
7. General W. C. Gorgas, Surgeon General, U. S. Army.
8. Dr. Herbert Harlan, Baltimore.
9. Col. Louis A. LaGarde, U. S. A., *Treasurer*.
10. Dr. W. L. Rodman (lately deceased), *Secretary*.
11. W. C. Rucker, Assistant Surgeon General, Public Health Service.
12. E. R. Stitt, Medical Director, U. S. Navy.
13. Dr. Henry Sewall, Denver, Col.
14. Dr. Victor C. Vaughn, Ann Arbor, Mich.
15. Dr. Louis B. Wilson, Rochester, Minn.

Thereafter the Board shall comprise the heads of the feaderal services mentioned with an associate from each service. Three members are to be appointed from the Federation of State Medical Examining Boards, and six members from the profession at large.

The Board will hold its first examination this fall, the time to be announced later, in the city of Washington where adequate laboratory facilities, equipment and clinical material have been placed at its disposal. Later when the number of candidates increases the examinations will be held in different parts of the country.

The relation of the State Examining Boards to the National Board of Medical Examiners will be touched upon by the next speaker, Dr. Herbert Harlan, and I will confine myself now briefly to the relation of the federal services and the way in which we hope that the licentiates of this Board are to fit ultimately into the scheme of medico-military preparedness.

The medical corps of the Army, Navy and Public Health Service are naturally very much interested in any step that promotes medical educa-



tion in this country. The efforts of this Board aim at a standard of examination that is unsurpassed and we believe that its purpose will have the effect to raise the standard of licensing boards to a higher plane.

In some of the old countries, like France and Germany, young men are sent to the Army and Navy Medical Schools, in the same way that we send youngsters to West Point and Annapolis in this country. There they are taught the medico-military profession at the expense of the State. In this country we get our recruits for the services out of the Medical Schools and by a course of intensive training, lasting nine months, we convert them into medico-military experts. In time of war we recruit the official personnel for the Medical Corps from the profession at large. It is thus seen that the relation of the federal services to the problem of medical education, and to the civilian physician, are very intimate. Whatever favors your standard adds to our efficiency. This fact is very apparent to those of us who have been teaching in civil and military medical schools since the Council on Medical Education of the American Medical Association and the Association of Medical Colleges turned their attention to raising the standard of the doctor in this country.

In the licentiate of the National Board the services and especially the Army and Navy recognize a great opportunity to obtain men above the average of attainments for the Medical Corps and Medical Reserve Corps. General Gorgas has been so impressed by the standard of the licentiate of the National Board that he offers to commission all successful candidates into the Medical Reserve Corps of the Army without further mental examination.

The Reserve Medical Corps is a medium through which we hope for great things, in time of war especially. In the Army the recipients of commissions in this Corps hold the rank of First Lieutenant on the *inactive* list, and when they are called to active duty in war their rank is fixed to correspond to individual worth. We now have 1600 commissioned officers of recognized standing and ability in civil life who are receiving instruction in summer camps and through the Correspondence Course at Fort Leavenworth, with a view to teaching them the essentials in the duties of medico-military experts in active campaign.

In a crisis calling for one million men to arms the profession would have to furnish at least 10,000 doctors to the Army alone. It would probably require 4000 of this number to minister to the sick and wounded. The 6000 remaining would have to perform duty with troops pertaining to sanitation, hygiene, preventive medicine, administration in all that pertains to hospitals, hospital corps and ambulance companies, hospital trains and hospital ships, methods of rendering papers, procuring supplies, keeping records, etc., etc.

If it were possible to teach the rudiments which pertain to the duties of medico-military experts, to at least half of the 6000 referred to, they could promote the efficiency of the Medical Department very materially by assisting the regular and national guard medical officers in instructing the rest. The work of the Medical Department in keeping up a maximum effective on the fighting line would be very much enhanced, and there would be no danger of a repetition of the breakdown that we experienced in 1898 in the war with Spain.

The value of the licentiates of the National Board of Medical Examiners to the Reserve Corps of the Navy and Public Health Service is just as important to those services except that they do not require medical officers in such great numbers. The federal services hail the creation of the National Board as a valuable asset, and it will be appreciated more and more as its certificate becomes recognized. When the services can be supplied with a personnel from the licentiates of such a board, or medical men of like standard, we can warrant that the horrors of war will be very much lessened.

The obstacles to the establishment of a central board up to the present time have been the want of funds to meet the expenses until the board could become self-supporting. We are again indebted to Dr. Rodman for the solution of this problem. Through his efforts the Carnegie Foundation for the Advancement of Teaching is now providing the necessary funds. Dr. Rodman was proud of the fact that he had been instrumental in organizing such a body. In conversation with his friends he often referred to it as his child, his monument. A few hours before his untimely death, while he was yet in his conscious moments, among his last utterances, he referred to his love and faith in the National Board of Medical Examiners.

#### BUREAU OF COMMUNICABLE DISEASES, STATE DEPARTMENT OF HEALTH.

Dr. C. Hampson Jones, Chief of the Bureau, called a meeting for April 8 of the Ward Deputies for the purpose of reviewing the first three months of 1916, giving consideration to the question of typhoid fever, and to map out a definite and uniform course in advance of the usual typhoid season. Such meetings of deputies will subsequently be held on the first Saturday after the first Monday in July, October and January.

INGUINAL HERNIA VIEWED FROM A PRESENT DAY  
MEDICO-LEGAL ASPECT.\*

By DR. R. W. LOCHER.

With a history, dating back almost to the advent of the Christian era, some parts of which are pitiful in their exemplification of superstitious ignorance, the subject of hernia comes down to us from a past as chaotic as the pathway of a hurricane. Yet, in spite of its varied and checkered career, in its long and perilous journey through medieval, down to, and well into modern history and times, hernia still remains very much a mystery in a great many respects.

Few subjects have been studied from so many different aspects, especially from the standpoint of etiology and operative treatment, yet, very little of material importance was added to the knowledge already possessed until the time Bassini struck the master key to the situation, from an operative standpoint. It is true, that since Bassini's time, certain etiological factors have been more clearly demonstrated and the details of certain phases of operative procedure worked out to finer points, yet, the fundamental principles, laid out and put into practice nineteen centuries ago by Celsus, is the foundation on which our present knowledge was primarily built. Even in view of this confession, of the retarded evolution of such an interesting and important subject, it is not the purpose of this paper to add the slightest bit to the knowledge we already possess. Its chief purpose is the hope that by an analysis of a certain phase of the subject, a clearer understanding of the misconceptions so many of us have as to the development of hernia, will be reached.

The relationship between an individual's occupation and the true etiology of hernia has been the subject of controversy for many years, yet never before has the profession been called upon to give a more strict account of its knowledge of this phase of the subject than at the present time. Within the past few years, the legislatures of quite a number of states have enacted laws holding corporations and employers legally and finally responsible for traumatism to their employees. Occupying a position of considerable prominence on the list of traumas, is hernia, and it frequently devolves upon the doctor to determine whether or not a certain individual's occupation is at fault in the production of a particular hernia. In view of this fact, it seems that the present time is most opportune for a brief consideration of the subject along these lines. Unless otherwise specified, the remarks contained herein refer to the indirect or oblique variety of inguinal hernia, as it is by far the most frequent variety.

\* Read March 3, 1916, Baltimore City Medical Society.

To those who have had sufficient interest in the subject to study in detail the anatomy of herniae on cadavers, or have had occasion to operate on a large number of herniae of the inguinal type on the living subject, it soon becomes apparent that there exists a certain close relationship between the presence of hernia and congenital defects within or near the inguinal canals. It is this very relationship to which I wish to draw your attention.

Coley, in his introductory remarks on the subject of hernia in Keen's *System of Surgery*, makes this broad statement: "In the vast majority of cases, hernia is a disease rather than an accident; a pathological condition and not merely a mechanical lesion." Again he states: "Congenital defect is the main cause of hernia, while the immediate or exciting cause plays but a minor rôle."

A hernia, strictly speaking, is made up of three parts: (a) sac; (b) covering of the sac; (c) the sac contents. The covering of the sac consists of the various layers of normal tissue immediately covering the site of hernia, and thus, comparatively speaking, assume a very minor rôle in the subject under discussion. The sac contents may vary at different times according to the nature of viscus which happens to be in close proximity to the opening of the sac at the time of the sudden increase of intra abdominal pressure. This, of course, applies only to reducible herniae.

The sac and its origin has long been the bone of contention, and for convenience sake, it has been put under the general heading of either congenital or acquired. The only way to positively and definitely tell that a sac is of prenatal origin is by the fact that it communicates with the tunica vaganilis testis by means of any sized aperture.

While we do not claim that all or even a majority of herniae are of the congenital type, according to text book concept, we do claim that the vast majority are due to congenital defects of one type or another and are not the result of a single accident or strain. The acquired sac is a bulging of peritoneum, through some congenitally weak spot, and this pouch of peritoneum has no intimate relationship or connection with the cord or round ligament, unless the individual has worn a truss over a considerable period of time and adhesions between the sac and cord have resulted from the mechanical irritation and pressure. This relationship is in contra-distinction to the condition found in the true congenital type. In this type, the cord is intimately adherent to the sac and very frequently the component parts of the cord are widely spread out over the sac. Furthermore, it is theoretically known to be true that the congenital sac is surrounded by the infundibuliform fascia in the same relationship as is noted about the processus vaginialis immediately after the descent of



the testicle; while on the other hand, an acquired hernia, so called, pushes its way down on one or the other sides of the cord, and consequently fails to receive as an investment the infundibuliform fascia.

If the so-called internal abdominal ring closes and remains closed, any hernia developing at that site, as a natural result, must be and is, of the acquired type. If the internal ring remains open, regardless of how small the aperture may be, then it still remains a congenital condition and must be classed as being of the congenital type. That a perfectly patulous processus vaginalis may exist for years with no external evidence of herniation, either to the knowledge of the patient or the examining doctor, is a fact known to all of us, yet, there comes a time, when conditions are just right and herniation is first noted. Almost without exception, either on the part of the patient or his doctor, some recent strain or effort is blamed for this new state of affairs, and the burden of blame and responsibility are thus shifted to innocent shoulders. Instances of this kind are numerous, and I need cite but one which recently came under my own observation. A young man aged twenty-four was unable to work for several weeks due to an infected finger. While at home, attending his finger, he noticed a sudden feeling of heaviness about the left inguinal region. On examination, he found the inguinal canal and left side of the scrotum markedly swollen. He immediately consulted his physician who assured him he had no rupture but an inflamed testicle. He was put to bed and applications of heat were made over the swelling. Under this treatment, he claims, the swelling rapidly disappeared. He soon returned to work and was feeling in normal health for two weeks when while swinging a heavy sledge, the swelling again suddenly appeared. This time, on consulting his doctor, he was informed that he had a hernia which was due to the strain necessitated by the swinging of the sledge, and thus the responsibility was shifted from the source where it rightfully belonged to innocent shoulders. At operation, I found a widely patulous processus vaginalis extending the entire extent from testicle to internal ring with very little evidence of any tendency toward closure at this point. This is but one of the many cases in which a congenital defect is demonstrable, and in all such cases, there should never be any question as to the source of responsibility.

The length of the sac has nothing whatsoever to do with the type of hernia, any more than determining whether or not the hernia is complete or incomplete, or whether it is scrotal or still within the inguinal canal. The processus vaginalis may close off its entire length up to the slightest fraction of an inch from the site of the internal ring, yet the ring remain open; strictly speaking, even this condition fulfills all the requirements of a congenital hernia, save the contents, which are prone to slip into this tiny sac at the slightest provocation. The first small portion

of sac content, especially if it is omentum, acts like a wedge, which, as subsequent increased intra-abdominal pressure occurs, is driven into its new home, gradually enlarging it until the opening is permanent and patulous, and the content then slides down the already present pathway frequently without any muscular effort more than the erect position. This is the ordinary course of events in the vast majority of so called acquired herniae or hernia into the funicular process, but the most striking feature of this entire procedure is that it is a gradual affair and not the result of a single sudden strain or accident, as most of us are apt to lead our patients to believe.

That true acquired herniae do occur is not uncommonly proven beyond any question of doubt. Occasionally, a case is seen showing all the signs and symptoms of recurrent hernia which at operation, shows a fully developed sac. On examination it is seen this new sac has developed along side of the site of the stump of the old sac, and must therefore, be of the acquired variety.

Whether or not the sac is developed from a congenital defect such as a small funicular process, or whether it is of the true acquired variety, there is one conspicuous fact true to both, namely, that the sac is the terminal result of a gradual process of stretching, covering a considerable period of time, and not the result of a single sudden strain or effort. The peritoneum possesses considerable elasticity and by gradual stretching can be stretched to most any limit, but any single effort strong enough to produce protrusions of viscera, such as are encountered in herniae, instead of stretching the peritoneum, must necessarily rupture it. That rupture of the peritoneal coat does not occur, we are well aware, so as a natural sequence, its presence as a hernial sac is due to a gradual stretching.

With few exceptions, every sufferer from hernia attributes his rupture to some particular strain or accident. If his occupation requires even the most modest of muscular effort, it is no trouble to cite some certain occasion when his rupture must have occurred. As a rule, this is not done intentionally, but from the fact that it is the common belief among the laity and the profession that rupture is commonly the result of accident or strain. This being the effect, we must look for a cause. As undesirable as the assumption of responsibility occasionally is, the profession as a whole, must shoulder the blame for this existing state of affairs. Due to ignorance of the true facts concerning hernia, on the part of most of us, this ignorant and totally incorrect impression has been allowed to exist among the laity almost unchallenged, but the time is now at hand when it is the duty of every physician to not only acquaint himself with the truths about herniae but to rectify the existing misunderstanding among his patients on every occasion where the opportunity presents itself.

There is no known positive symptom characteristic of hernia at the time of its first perceptible appearance. The various complaints range from practically no knowledge of the exact time of occurrence to those occurrences associated with the most excruciating pain. Many are the individuals who possess herniae of varying degrees who are ignorant of their condition until told of the existing hernia by someone who has discovered its presence during a routine examination. It is not just to assume or lead our patients to assume, that a hernia thus discovered or any other variety of hernia regardless of when or how noted, is the result of any single strain or act of violence and thus by our own act open the way for the transference of liability from a source which in all probabilities should bear the responsibility, to a source which, if the truth was really known, should have no responsibility in the matter whatsoever.

The writer thoroughly agrees with Outten in his statement that any surgeon who has made a careful study of the surgery of violence, that is, railway and allied injuries, must and will eventually come to the conclusion that traumatic hernia, so called, is so extremely uncommon as to leave doubt as to its verity in practically every case. There is no room for successfully contending as to the possibility of a combination of accidental causes producing hernia without any predisposing factors, but this combination of accidental causes is not a single event occurring at one time but a number of accidental events covering a considerable length of time during which the hernial sac is gradually developing. Along this line of the possibility of traumatic hernia appearing suddenly in all of its component parts, Sultan in his "Atlas and Epitome of Abdominal Hernia" states: "In the physical examination of a causal relation between hernia and accident we must remember, first of all, that a hernia, complete in all its parts, can never arise at the moment of an accident or by a single augmentation of the intra-abdominal tension, be it ever so great. If the hernia first appears at the time of an accident, we may certainly suppose that the hernial sac was either congenital or gradually preformed, and it must be unconditionally accepted that a hernia making its appearance at the time of injury has never completely developed at that moment. A causal connection must nevertheless be recognized since a pre-existing condition has been completed by the accident or injury."

In view of the fact that, at this time and for an indefinite future, we shall be called upon to express our opinion, many times under oath, as to the source of responsibility in cases of hernia, we must bear in mind this fundamental statement of facts—When the viscus finally enters the sac, the parts were long prepared to receive the protruding mass. The actual extrusion may occur gradually, it may occur suddenly, but this one fact must be kept ever before the examiner—it is the last of a long series of antecedent and preparatory changes.

## TREASURER'S FINANCIAL STATEMENT.

*January 1, 1915 to December 31, 1915.*

## CURRENT ACCOUNT, FACULTY.

## RECEIPTS.

Balance Continental Trust Company, Jan. 1, 1915.....	\$454.85	
Dues members County Medical Societies.....	1,400.00	
Dues members Baltimore City Medical Society.....	4,006.00	
Clerical assistant Baltimore City Medical Society.....	180.00	
Use of halls Baltimore City Medical Society.....	200.00	
Use of halls, offices, etc.....	1,616.00	
State Appropriation.....	1,000.00	
J. M. T. Finney Fund.....	350.87	
Frick Fund, Contribution toward.....	300.00	
Baker Fund.....	14.40	
Public Instruction Committee.....	200.00	
Contribution to Smith Portrait.....	22.00	
Widows and Orphans Committee.....	22.40	
Telephone tolls.....	5.97	
Electric fixtures for portraits.....	63.67	
Interest to date .....	<u>64.48</u>	
Total.....		\$10,200.64

## EXPENDITURES.

Salaries.....	\$3,328.00
House expenses.....	170.45
Gas and electricity.....	477.61
Coal and wood.....	403.41
Maintenance of property.....	418.89
Addition to building.....	140.00
Insurance on property.....	20.00
Postage.....	50.00
Telephone.....	152.19
Annual Meeting.....	89.50
Semi-Annual Meeting.....	41.25
Public Instruction Committee.....	866.62
Supplies.....	82.49
Water rent.....	11.52
Bulletin subscription.....	275.00
By transfer to Building Fund.....	950.00
Physicians' Defense.....	861.16
Printing.....	55.25
Incidentals.....	68.92
Library Account, journals, etc.....	482.16
Binding.....	212.50
Library of Congress cards.....	12.16
Supplies.....	23.14
Association dues, etc.....	22.50



Frick Fund.....	\$300.00	
Finney Fund.....	350.87	
Baker Fund.....	14.40	
Committee for Relief of Widows and Orphans.....	22.40	
Midwifery Committee.....	25.00	
Treasurer's Bond.....	50.00	
Paving taxes.....	48.13	
Smith Portrait.....	22.00	
Book and Journal Club.....	31.36	
Lights and Portrait fixtures.....	75.42	
Total.....		\$10,154.30
Balance Continental Trust Company.....		46.34
		<u>\$10,200.64</u>

## BILLS PAYABLE.

Cowan & Co.....	\$140.00	
Dennis & Dennis.....	695.88	
Total.....		\$835.88

## BULLETIN FINANCIAL STATEMENT.

## RECEIPTS.

Balance Continental Trust Company, January 1, 1915.....	\$308.70	
Subscriptions.....	275.00	
Advertisements.....	1,611.89	
Interest.....	4.00	
Total.....		\$2,199.59

## EXPENDITURES.

Printing and mailing.....	\$1,901.40	
Commission on "ads".....	64.80	
Postage.....	39.50	
Bulletin wrappers.....	18.72	
Printing.....	4.50	
Balance Continental Trust Company.....	170.67	
Total.....		\$2,199.59

## BUILDING FUND.

## RECEIPTS.

Balance as of December 31, 1914.....		\$3,063.52
By transfer from Medical and Chirurgical Faculty.....	\$950.00	
Lecture proceeds, etc.....	263.00	
Interest to April 1, 1915.....	21.13	1,234.13
		<u>\$4,297.65</u>

## EXPENDITURES.

February 4, Paid Dr. H. O. Reik.....	\$122.63	
March 5, Paid on mortgage.....	3,000.00	
March 6, Interest on mortgage.....	585.00	
September 8, Interest on mortgage.....	517.50	\$4,225.13
Balance as per Eutaw Savings Bank Book.....		<u>\$72.52</u>

## PERMANENT ACCOUNTS ON DECEMBER 31, 1916.

## OSLER ENDOWMENT FUND.

The investments of this fund are:

	INVESTMENTS.	CASH.
One United Railway 4 per cent bond, par value.....	\$1,000.00	
Thirty shares Norfolk R. & L. stock.....	750.00	
	<hr/>	
Cash in bank December 31, 1914.....		\$572.06
Income from United Railway bond.....		40.00
Income from Norfolk R. & L.....		45.00
Interest from Continental Trust Company.....		21.45
		<hr/>
		\$678.51

## TRIMBLE LECTURESHIP FUND.

The investments of this fund are:

Three Chicago Railway 5 per cent bonds, par value...	\$3,000.00	
Two Georgia and Alabama Railway 5 per cent bonds, par value.....	2,000.00	
	<hr/>	
Cash in bank December 31, 1914.....		\$1,149.28
Income from Georgia and Alabama bonds.....		100.00
Income from Chicago Railway bonds.....		150.00
Interest from Eutaw Savings Bank.....		38.40
		<hr/>
		\$1,437.68

## WIDOWS AND ORPHANS FUND.

The investments of this fund are:

One University of Maryland 5 per cent, par value.....	\$500.00	
One City of Aberdeen 5 per cent, par value.....	500.00	
One Milwaukee Gas and Electric 4½ per cent.....	1,000.00	
One United Railway 4 per cent bond, par value.....	1,000.00	
	<hr/>	
Cash balance December 31, 1914.....		\$221.45
Income University of Maryland Bond.....		25.00
Income Aberdeen Bond.....		25.00
Income Milwaukee Bond.....		45.00
Income United Railway Bond.....		40.00
Interest Continental Trust Company.....		7.26
		<hr/>
		\$363.71

Expenditures:

Paid Chairman of Committee.....	\$22.40
Cash in bank December 31, 1915.....	341.31
	<hr/>
	\$363.71

## BAKER FUND.

The investment of this fund is:

One United Railway 4 per cent bond, par value.....	\$1,000.00	
Cash in bank December 31, 1914.....		\$237.30
Income from United Railway bond.....		40.00
Interest Continental Trust Company.....		9.00
		<u>\$286.30</u>

Expenditures:

Books.....	\$14.40
Cash in bank December 31, 1915.....	<u>271.90</u>
	\$286.30

## FINNEY FUND.

The investments of this fund are:

	INVESTMENTS.	INCOME.
Baltimore City Stock, par value.....	\$4,000.00	
Two Minn. and St. Paul Railway 5 per cent, par value	2,000.00	
Two Milwaukee R. & L. 5 per cent, par value.....	2,000.00	
Two Chicago City Railway 5 per cent, par value.....	<u>2,000.00</u>	
Cash in bank December 31, 1914.....		\$138.09
Income from City Stock.....		160.00
Income from Minn. and St. Paul Railway.....		100.00
Income from Milwaukee R. & L.....		100.00
Income from Chicago Railway.....		100.00
Interest Continental Trust Company.....		4.73
		<u>\$602.82</u>

Expenditures:

Paid on order of Committee.....	\$350.87
Cash in bank December 31, 1915.....	<u>251.95</u>
	\$602.82

## AUDITOR'S STATEMENT.

MEDICAL AND CHIRURGICAL FACULTY,  
1211 Cathedral Street, Baltimore, Md.

*Gentlemen:*

We report we have made an audit of the books and accounts of your Society for the year ended December 31, 1915, and have found same to be correct. We have also checked up your financial report and have found same to be in agreement with your books,

Respectfully submitted,

J. ENOS RAY, JR.,  
State Auditor.

WM. A. GILLESPIE,  
Deputy Auditor.

## SOCIETY MEETINGS.

## BALTIMORE CITY MEDICAL SOCIETY.

The regular meeting of the Baltimore City Medical Society was held on Friday, March 3, at 8.30 p.m., Dr. C. Hampson Jones presiding. The minutes of the previous meeting were read and approved.

The secretary announced that arrangements had been concluded for a joint meeting of the Baltimore City Medical Society and the Medical Society of the District of Columbia for April 7, and requested to be authorized to make such expenditures as might be necessary for the entertainment of the Washington guests. Dr. J. M. H. Rowland, seconded by Dr. S. T. Earle, moved that the President, Secretary and Treasurer of the Society be constituted a committee of three to make all arrangements for the entertainment of the Washington Society. The motion was carried.

Dr. Harry Friedenwald, seconded by Dr. Herbert Harlan, offered a resolution that the Society endorse the application of the University of Maryland School of Medicine and the College of Physicians and Surgeons for an appropriation of \$25,000.00 per annum for two years and call upon the Legislature, in view of the importance of this institution's work to the State of Maryland, to grant this request. The resolution was unanimously adopted.

The Chairman then called upon all present to stand for a moment in silence as a tribute to the late Dr. G. Lane Taneyhill, Sr.

The first paper of the scientific program was by Dr. J. C. Hemmeter on "The value of duodenal feeding in the preparatory period to gastric operations." The second paper was by Dr. G. J. Heuer, whose subject was "A report of seventy cases of brain tumor." Discussion by Drs. Halsted, Hemmeter, Harlan, Bagley and H. Friedenwald. The final paper of the evening was by Dr. R. W. Locher, whose subject was "Inguinal hernia viewed from a present day medico-legal aspect." Discussion by Drs. Halsted, Barrett, Dunnott, Jones and Locher (in closing).

The meeting then adjourned.

The regular meeting of the Baltimore City Medical Society was held on Friday, March 17, at 8.30 p.m., Dr. C. Hampson Jones presiding. The minutes of the previous meeting were read and approved.

The Secretary reported that in accordance with a motion passed at the previous meeting the resolutions, adopted on that occasion concerning the appropriation to the University of Maryland School of Medicine and the College of Physicians and Surgeons, had been forwarded to the Chairman of the Finance Committee of the State Senate, and also to the Chairman of the Committee on Ways and Means of the House of Delegates, and that acknowledgments had been received from both of these.



The program of the evening was devoted to a "Symposium on 'Medical Licensure.'" The first speaker was Dr. J. M. Baldy, of Philadelphia, President of the State Board of Medical Examiners of Pennsylvania, whose subject was "The standardization of hospitals in relation to the proposed fifth year for the medical curriculum." The chairman being obliged to leave after Dr. Baldy's address the Chair was taken by Dr. Randolph Winslow for the remainder of the meeting. The second speaker was Col. Louis A. LaGarde, of Washington, whose subject was "The National Board of Medical Examiners." The third paper was by Dr. Herbert Harlan on "The relation of the State Medical Examining Boards to the National Board of Medical Examiners." The papers of Dr. Baldy, Col. LaGarde and Dr. Harlan were discussed by Drs. Winslow, Shipley, Linthicum, J. D. Blake, Brinton, Todd, Merriek, Savage and in closing Drs. Baldy and Harlan. On the motion of Dr. Blake, duly seconded, the Society extended a rising vote of thanks to Dr. Baldy and Col. LaGarde for their addresses.

The meeting was adjourned.

## MEDICAL NEWS

Dr. J. M. T. Finney spent the past week at Atlantic City.

Drs. J. F. Byrne, Louis Diener, and N. M. Ownesby have been appointed to commissions in the Maryland National Guard. They have been assigned to the medical corps.

In an interesting talk given before the Book and Journal Club March 23, Dr. William H. Welch spoke on "The development of medicine in the Orient." Medical conditions as they now exist in China were explained at length. They were found for the most part to be undeveloped, chaotic and very much below the standards of western medicine but the possibilities for medical work and research are unlimited, especially is this true for the tropical diseases and the diseases of the blood-forming organs. Mumps was prevalent among the ancient Chinese.

Drs. S. V. Irwin and J. P. Webster have arrived in Europe and will immediately go to Germany where they will aid in making a scientific examination of the prison camps. The doctors are from the staff of the Johns Hopkins Hospital.

Dr. H. M. Hurd gave a dinner to twenty of his medical associates at the Maryland Club, March 25, in commemoration of the fiftieth anniversary of his medical graduation. Dr. Hurd graduated from the University of Michigan.

The North Carolina Surgical Club visited Baltimore March 1 and 2. Operative clinics were held for them at the Johns Hopkins Hospital and the University of Maryland. Fifteen members composed the party which also visited the hospitals in Philadelphia and New York.

Dr. J. McPherson Scott and Dr. C. W. Mitchell have been seriously ill of pneumonia. Both are reported to be much improved.

In response to the educational campaign which has for its object instruction in the care of babies, the week of March 4 was known in Baltimore as Child Welfare Week. The annual health conference under the initiative of the Medical and Surgical Faculty was held at the same time and the speakers included conditions for the betterment of babies in their talks. A most unique and original idea was utilized in having a display of several hundred posters relative to this movement, three prizes being offered for the best drawings. During the week of May 6 a display for the same purpose will be held in Washington.

#### MARRIED.

Dr. Frank Martin to Miss Henrietta Prescott Bigelow of Boston, March 1.

Dr. R. D. McClure to Miss Helen Keene Troxall of Baltimore, March 4. Dr. McClure is late resident surgeon at the Johns Hopkins Hospital.

Dr. James Scarborough of Little Rock, Ark., to Miss Mary Roberta Carter of Baltimore, March 16. Dr. Scarborough was resident surgeon at the Union Protestant Infirmary in 1912.

#### BOOK REVIEWS

*Syphilis as a Modern Problem.* By WM. ALLEN PUSEY, M.D. Publishers, American Medical Association, 1915, pages 124, no illustrations.

Dr. Pusey has endeavored to make this book of interest to both the layman and the practitioner. It is devoid of technicalities, well divided into headings and sub-headings and written in a style which makes the subject matter easily comprehensible. The history of Syphilis, its course and manifestations are followed in the usual manner; treatment is not considered. The last chapters treat of the problems of the disease which have a sociological importance. The author believes that better results will be gotten towards eradicating the disease by awakening the community to the importance of prophylaxis and early treatment than by trying to correct its morale.

L. W. K.

*A Mechanistic View of War and Peace.* By GEO. W. CRILE, M.D. Edited by Amy F. Rowland. Illustrated. New York. The Macmillan Company. 1915.

No matter what our criticism may be we must begin by saying that this is an extremely interesting book; one which should interest all medical readers and a large proportion of the laity.

To those of the medical profession who are familiar with Dr. Crile's ideas and teachings it will appear as another carefully thought out and well expressed adaptation of his postulates. To those who have not acquiesced in his beliefs it may appear, in places, somewhat fanciful. While there may be differences of opinion as to details—the ramifications of the hypothesis—it must be evident to all that most of the groundwork is scientific and solid.

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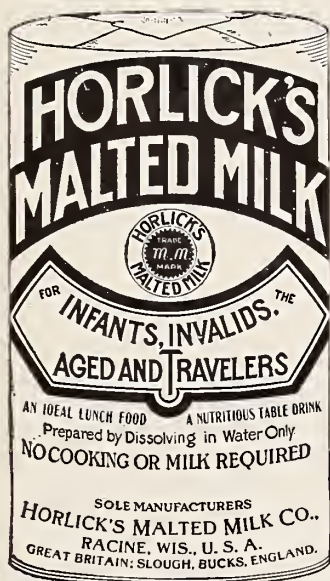
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Vol. VIII

MAY, 1916

No. 11

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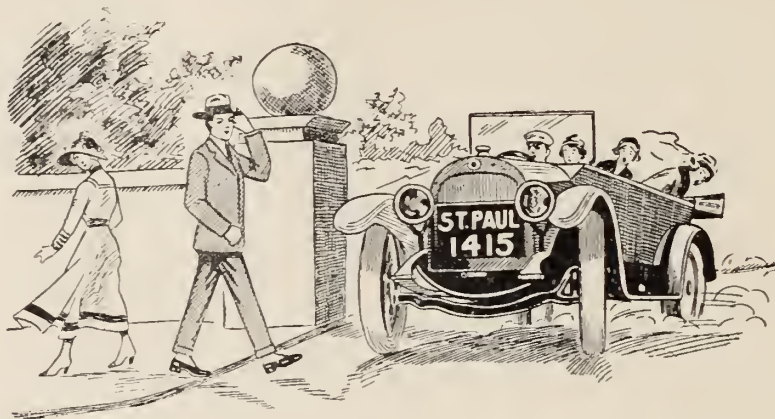


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# MEDICAL SOCIETY MEETINGS

Component Societies of the Faculty, with a list of their officers and times of meeting

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# THE BULLETIN

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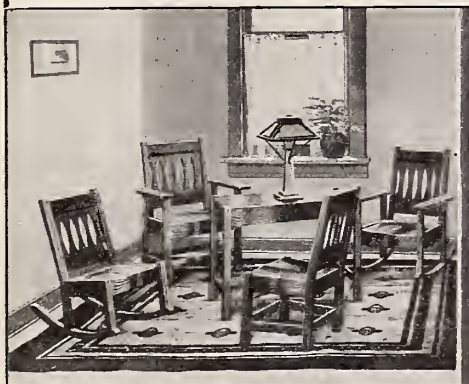
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### INTRODUCTION OF MODERN MEDICINE IN CHINA

Within the past six months as a result of the numerous talks and articles concerning conditions in the Orient, the public and especially the medical profession, is taking an active interest in this part of the world. For many years the various Foreign Missionary Boards have been trying to interest medical as well as theological students in the work of helping to improve conditions in China. To this end, many individuals and much money from the western countries have been sent to the Far East where they worked under the most trying circumstances, especially in regard to the lack of the necessary equipment and the existing superstition. During the past fifteen years the efforts in this work have been toward centralization of resources and the establishment of institutions for aiding the work. This plan is being adopted in the general education as well as the medical work, as is evidenced by three American colleges which have within the past ten years established creditable schools in China for the purpose of carrying higher education to this country. These schools are supported in a large measure, by contributions received from the United States and many of the instructors come from the mother college. A similar plan is being carried out in medical instruction. In connection with two of the colleges, medical schools have been established on a scientific basis which give much promise of developing into most useful institutions. There is a medical school in connection with the Harvard school in China and recently, through the coöperation of The Rockefeller Endowment Committee a similar department has been



developed at the Yale school which is in the Hunan province. Thus, it is through the importance attached to the visit of Drs. W. H. Welch and Simon Flexner in 1915 to China where they studied the general medical conditions and especially those bearing on the Yale school that medical thought and attention have been directed to this new field where the work promises such great possibilities. In fact, it is difficult to see how else such marked and stimulated interest in this new undertaking could have been so acutely and intensely focused as by the trip of these men who have such influence in directing medical education. The results in the form of an increased number of well trained, competent young men who will volunteer for this field as well as substantial donations from America will undoubtedly be evident within the next five years.

In China itself, the benefit from having organized institutions such as these mentioned, will be the means of unlimited good because of the greater work that can be accomplished and the increased confidence the people of the country will have in foreign doctors and western medicine. Just as the medical missionaries did heroic and valuable work in establishing their individual hospitals, training schools and medical institutions in this isolated country, so will these larger and more complete organizations be better able to carry on a greater work and make the influence of modern medicine more widely felt. Already, the Rockefeller school which is located in one of the most aristocratic and richest parts of the empire, is being adopted by the best and most influential people there which fact will be of inestimable value in creating confidence in medicine as we know it and very materially advance its usefulness in this new field. It is especially interesting to hear how enthusiastic and encouraged are the men working in these medical schools over their results and the future of the work.

From Dr. Welch's description of the diseases found in the Orient, it is one of the most interesting places to work, particularly in regard to research of the various tropical and blood diseases. Cancer, tuberculosis, syphilis and diseases of the eye are very common. That there is an urgent need for intelligent medical service is readily seen when we are told that in one city of 82,000 inhabitants there is only one doctor and if there were the same proportion of doctors to inhabitants in America as in China there would be but 80 doctors in the United States. It is more than evident therefore, what a fruitful field is to be found for modern medicine in China and with its development and acceptance by the people that those associated in this work have an opportunity superior to any other method for the introduction of hygiene, civilization and Christianity among the people of China.

## THE BIG TRIAL

The trial of the Chattanooga Medicine Company against the American Medical Association which has been in progress for the past month, has aroused marked interest both in the profession and the laity. Among the witnesses called for the defense have been: Drs. J. C. Webster, A. A. Small, Chicago, E. E. Montgomery, Philadelphia, C. A. L. Reed, Cincinnati and A. S. Loevenhart, Madison, Wis. In the issues of the Journal which have appeared since April 1, is to be found a detailed account of the testimony which for the most part, is interesting and instructive and is to be recommended to the members who have not followed the trial.

The amount sued for is \$100,000 while a personal suit brought by John A. Patten, President of the Chattanooga Company, against the A. M. A. for \$200,000 was filed. However, since the death of the plaintiff, April 26, due to a ruptured intestinal ulcer, this latter suit has been withdrawn. Two weeks more will probably be required for the trial.

## THE SAMUEL D. GROSS PRIZE

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Essays will be received in competition for this prize until January 1, 1920, and \$1500 will be given to the winner.

The conditions annexed by the testator are that the prize "shall be awarded every five years to the writer of the best original essay, not exceeding one hundred and fifty printed pages, octavo, in length, illustrative of some subject in Surgical Pathology or Surgical Practice, founded upon original investigations, the candidates for the prize to be American citizens."

It is expressly stipulated that the competitor who receives the prize, shall publish his essay in book form, and that he shall deposit one copy of the work in the Samuel D. Gross Library of the Philadelphia Academy of Surgery, and that on the title page, it shall be stated that to the essay was awarded the Samuel D. Gross Prize of the Philadelphia Academy of Surgery.

The essays, which must be written by a single author in the English language, should be sent to the "Trustees of the Samuel D. Gross Prize of the Philadelphia Academy of Surgery, care of the College of Physicians, 19 S. 22d St., Philadelphia," on or before January 1, 1920.

Each essay must be typewritten, distinguished by a motto, and accompanied by a sealed envelope bearing the same motto, containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The Committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The Committee reserves the right to make no award if the essays submitted are not considered worthy of the prize.

REPORT OF THE BOOK AND JOURNAL CLUB MEETING,  
MARCH 22, 1916, AT WHICH AN ADDRESS WAS GIVEN BY  
**DR. WILLIAM H. WELCH ON MEDICINE IN THE ORIENT.**

Dr. Welch said in part as follows:

I have been inflicted upon many audiences since my return from the Orient, but our experiences covered such a wide and varied field I am not aware that I have repeated myself to any great extent, and I am quite sure I have not covered the whole territory. In the selection of my title this evening it was my intention merely to speak of such aspects of the subject as might occur to me. By the Orient we usually mean India, Egypt, Babylonia, China and Japan, but what I shall have to say will relate to China and Japan.

I shall speak tonight of native Chinese medicine, and later about the more recent developments of Western medicine in China and Japan. If we can trust Chinese annals and their own historians, their civilization is the oldest in existence, and their medicine is coincident with its development. One of their medical works in existence today, attributed to one of the emperors of China, dates from about 2700 B. C. Through the kindness of Dr. Brown I have with me some pictures from that and other Chinese medical works—one of which is supposed to be the picture of the author of that work, Shan Nung, spoken of in China as the father of medicine. I have also a picture of Wong Tai, the author of a standard work on medicine, dating back to 2697 B. C.; and various other illustrations, one showing the sources of some of their remedies, e.g., stalactites used in the treatment of syphilis; another illustrating the uses of the skin of an elephant; others illustrating surgical diseases as a carbuncle on the thigh, scrofulous glands of the neck, an ulcer behind the ear, etc.; and also an illustration from the works of Wa To, their greatest surgeon, who lived about 200 years A. D. and the only one who seems to have done any capital operations. The last one illustrates an operation for necrosis of the elbow, upon a great Chinese general, Wau Tai, who is shown sitting with great composure in conversation with someone on the other side of the table.

The ancient Chinese medicine has continued practically to be the basis of their accepted views of the nature and treatment of disease up to the present day. I can imagine nothing comparable to the unchanged and unchanging character of their medical ideas. Their views of anatomy, of physiology and of the nature of disease are to us fantastic and absurd. It is stated that they often dissected the human body, but their anatomy gives no evidence of such dissection. We were told in an address by a Chinese scholar at an elaborate dinner in Chang Sha that during the Han

Dynasty, from 200 B. C. until 200 A. D., certain Chinese doctors dissected the human body; but this has left no influence on their accepted ideas of anatomy. They have a general pathology, which reminds one a little of the pathology of Hippocrates and Galen. They recognize twelve principal organs and twelve principal cavities of the body. *Five* is their sacred number—there are five elements, air, water, fire, wood and metal. They have no real idea of the vascular system, and though they use the word circulation they are not to be credited with any clear understanding of the circulation of the blood. The dominating idea in their conception of anatomy is that two elements, masculine and feminine, called the Yan and the Yin, preside over the various organs of the body. All that is active, vigorous, solid, and hot, is represented by the masculine or Yan element; all that is cold, moist and fluid, by the Yin or feminine element: disease is due to a large extent, to disturbances in the mixture of these two elements. Each organ of the body is related to a color, a taste, a season, and a time of the day; every organ has a parent, friends and enemies. The heart, which they regard the central organ of the body, is the son of the liver, and the stomach is the son of the heart. The friend of the heart is the spleen and its enemy is the kidney; its color is red and its season is summer. It receives at mid-day; and if a person is hit in the chest at mid-day it is very dangerous. Boxers in China are supposed to know at what hours of the day the different organs receive, and to strike their blows accordingly.

The Chinese have no accurate idea of the vascular system. They believe that there are channels leading from one organ to another, that the larynx opens into the heart, the spinal canal into the intestines, the vas deferens from the kidney. What they call the circulation is the passage of "vital spirits" through these channels. This extraordinarily bizarre conception of anatomy is still held by the native Chinese doctors, and represented the anatomy of the Japanese who received their medical training in China until they were trained in Western scientific medicine.

The great obstacle today to any development of their anatomical knowledge, and one which I fear will continue to be a very considerable obstacle, is the difficulty of making dissections. The Chinese religion is opposed to dissection. Ancestral worship really dominates their lives. They believe that if the body is mutilated it will so appear in the next world; and therefore if a surgeon performs an operation—an amputation, for example—he is obliged to give the patient the removed member, which he carries away with him. The eye, if this is removed, must be given back to him—or a hand or an arm—and is carefully preserved, so that in the next world it can be restored to him, or otherwise he will not be united with his ancestors. The present government, however, has issued an



edict legalizing anatomical dissections and post-mortem examinations, and the bodies of criminals are available for such purposes. But dissection at present is carried out only to a very limited extent. It began I believe in Peking, and has further advanced into Shanghai, but elsewhere there is very little dissection of the human body. Except in Shanghai I could learn of no post-mortems.

Their methods of diagnosis are in some ways more enlightened than their anatomical and physiological notions. They base their diagnosis upon the refined examination of the pulse, and have a very large literature containing much detailed description as to where and how the pulse should be examined—behind the occiput, behind the ear, at the temples, at two or three places on the arms and at different positions in the abdomen and in the lower extremities. The pulse is palpated by the index, the middle and ring fingers, and must be felt on the top, on each side, on the outside and inside of the finger. It must be felt with light pressure, then with a little firmer pressure, and then with still firmer pressure; and each finger, depending on where the pulse is palpated, will give information concerning different organs of the body. Sometimes one hour or two hours are occupied in such careful study of the pulse. The Chinese doctors do not ask questions, and have little or no knowledge of the anamnesis of the patient. To some extent they examine the tongue, the facies and the eyes. The different internal organs correspond to certain portions of the exterior of the body. Thus information about the heart is obtained from examining the tongue; of the lungs by a careful examination of the nostrils, and so on.

They have in their medical works descriptions of disease by which they identify it. Smallpox is said to be very well described. In the West we have no accurate information of its appearance before the sixth century, but it is described in the Chinese annals as existing some three hundred years before Christ, though it was not until the sixth century that it began to be prevalent. A great deal of interest attaches of course to the question as to whether syphilis existed in China in the pre-Columbian period. Fujikowa, from whose works I obtained most of my information about Japanese medicine, gives a definite statement as to the appearance of syphilis in Japan in the twelfth century. I followed up this subject a little further and found that Schaube states that his description is not necessarily applicable to syphilis. It is quite certain, however, that syphilis existed in China in the first half of the sixteenth century and that it appeared in Japan about the middle of that century; but there is no authentic evidence that it existed in China or Japan before that time. In other words we cannot furnish proof that syphilis existed anywhere in the old world in pre-Columbian days. In the early part of the sixteenth

century Portuguese traders reached Southern China with their ships, and came to Japan about the middle of that century, and thus there was an opportunity for the introduction of syphilis from Europe into the Orient.

A great, distinctive feature of Chinese medicine is its *materia medica*. Their anatomy, physiology and methods of diagnosis all seem to us highly fantastic; but the Chinese surpass the rest of the world in their empirical *materia medica*. They have a voluminous medical literature on this subject—single works in many volumes, nearly fifty volumes from one author—which is very valuable, though it cannot be said that they have made any progress since their early days. But there are definite reasons for such lack of advance. A native doctor, for instance, is reluctant to accept a patient who is in danger of dying for if the patient does die, and has influential friends, there may be a judicial procedure, and the doctor must demonstrate that he treated his patient according to the rules of his art, which are laid down in their medical books; and if he has not made his diagnosis according to these books, or if on the basis of that diagnosis he has not give the remedies prescribed in the books, he is condemned, imprisoned, and his life even may be forfeited. Can you imagine anything more calculated to keep medicine within its old barriers? They also have an elaborate and very curious literature on legal medicine, and many extraordinary judicial procedures. They have a series of tests: for instance the question of blood relationship may be determined by taking a drop of blood from each of two individuals and letting them fall into a basin of water; if the drops run together the persons are related; if they do not run together they are not related. Or perhaps an old skeleton is found and a person whose father has been killed may wish to claim it; if a drop of his blood dropped on the skeleton sinks into the bone it is decided to be the skeleton of his father; if the blood does not sink in, it is not the skeleton of any of his relations.

The leading Chinese work on pharmacology contains something like 200 drugs, from all three kingdoms, though principally from the animal kingdom, many of which are in use in Western medicine today. Rhubarb came from China into European practice; the Chinese use mercury in the treatment of syphilis, both internally and as a vapor by inhalation; also sodium sulphate and copper sulphate. Indeed, most of the remedies in the Occident have existed in Chinese *materia medica* since the earliest time. We were much interested in the shops and booths of the Chinese doctors in the public squares of Nanking, where we had gone to see the Confucian temple. There were dried roots, stems and leaves, snake skins, toad skins and bones of animals—particularly tiger bones, which are ground up and used as a tonic. They have an old and distinctive procedure in the use of moxa as a cautery—the leaves and stems of the *artemisia*

*moxa* are ground up and made into little conical pastilles which are fired and burn the skin; in the dispensaries nearly all the Chinese I saw had sears where *moxa* had been applied. They also use the actual cautery. But peculiarly distinctive of the Chinese method of treatment is their needling—a eupuncture—which is used as a counter-irritant. It is done on all parts of the body, and the missionaries tell distressing stories of the effects of these punctures in certain locations, for even the eye is needled if a person complains of pain in that organ.

Anyone may practise medicine in China. In the early days there were schools of medicine and there seems to have been a certain training; but today, so far as I am aware, there are no native schools of medicine. There are a few native hospitals, however. I heard of two in Canton, and Dr. Brown tells me that there is one in Peking where the native method of treatment is employed. Medicine is a profession which is handed down from father to son, and those doctors are most highly esteemed who have a long line of medical ancestors. They acquire their training by reading their old medical books, which are committed to memory through that remarkable capacity which the Chinese have for learning things by rote. Apparently with the greatest ease they commit to memory page after page, and indeed whole books, and this is all the training they acquire. Medical practitioners are extremely numerous in China. Their social standing, with the exception of a small group in Peking in early days constituting the College of Examining Physicians for the Court, is low, and often they are very poorly educated, though some among them are cultivated, refined and, according to the Chinese ideas, educated men and masters of their medical literature.

In the Chinese towns and cities the signs upon the doctors' offices are very numerous, and often in connection with them are testimonials put up by grateful patients, sometimes with elaborate statements as to the cures they have experienced. We had an interesting experience in Canton, where while being carried through the streets in our sedan chairs we came upon a curious procession, which we were told by our coolie was a doctor's procession—a not uncommon occurrence. It was a procession ostensibly arranged by a grateful patient who had been cured by his doctor. In the lead was a picture of the doctor with a wreath about it, borne along on an elaborate frame; then came music; then very beautiful Chinese calligraphy which of course we could not read, giving a description of the symptoms from which the patient had suffered and the wonderful cure that had been effected; and then followed the presents which were to be given to the doctor. It was a public expression of the gratitude of a patient for the success of his treatment—a public evidence of his cure. Can you imagine anything in the way of an advertisement that could exceed this novel



method—which I may add was extremely artistic and very fascinating to us.

The general impression of the practise of native Chinese medicine is very unfavorable. But on the other hand we have a great deal of evidence that they possess some remarkable remedies and cure some of their patients—though I cannot say how many. An English doctor with whom I crossed on the steamer who lives in Malacca, where there are many Chinese, expressed the opinion that they have some very valuable therapeutic procedures that are well worth investigating. They have a remedy, he said, which relieves dropsy from renal disease; he cited the case of a patient, a wealthy and influential Chinese whom he had regarded as very ill from Bright's disease. He told him that he did not feel that he could do anything more for him and was asked if he had any objection to calling in one of the native doctors. This was done, and two weeks later his patient was walking about apparently cured. It was very mystifying; this English doctor is one of the relatively few who are of the opinion that some of the remedies of the better-class native Chinese doctors may be really valuable.

The Chinese, in their attitude toward the outer world, are much the same mentally as they were in the middle ages and even before. They have never advanced into the modern period, which may be said to begin about the year 1000, after Galileo and Kepler and the introduction of experimental science, when it became clear that speculations, hypotheses and theories were of little value unless they could be put to experimental test; that the most ingenious theories were otherwise of no avail. What could be more wonderful than the doctrines of the old Ionian philosophers, but it never seemed to occur to the Greeks to put them to the test of experimentation. The Chinese accepted and have held these doctrines, some of which can easily enough be tested. They are in contrast in this respect with the Japanese, who were not satisfied merely with taking over Chinese ideas but who showed a spirit of inquiry even before the introduction of Western medicine into the Orient.

For centuries the Chinese have done no major surgical operations. They drain ulcers, incise superficial abscesses, and have a rough sort of dressing for fractures. Castration of course is done on a considerable scale on account of the necessity of supplying a large number of eunuchs. Foot-binding is in a sense related to surgery. The explanation of the origin of this most ancient of customs is not known. One very common idea is that it was done to keep the women at home. But whatever the origin, Chinese men have become accustomed to it as a part of the attractions of women, and it is a general impression, I believe, that young Chinese girls are not marriageable if they have natural feet. This idea



will be overcome in time but at present it is one of the great obstacles to all attempts to do away altogether with the binding of the feet. The Manchus of the ruling dynasty have never bound their feet, and are readily distinguished by this fact; but it is a custom that is universal in all classes. It is done at a very early age, when the child is three or four years old; the toes are bound up under the sole of the foot and the heel is drawn up, so that there is only a little stump left to walk upon. It is a most painful process, and the distressing cries of the children, day and night, who are being subjected to its practice, are familiar sounds in China. Every effort is being made at present on the part of the educated Chinese to do away with this ancient custom. But we saw plenty of it everywhere. In Peking it was very obvious, though we also saw many Chinese girls there with unbound feet. In the Province of Shantung—perhaps the most densely populated and one of the most conservative provinces of China, we were told that very little impression had been made by the effort to do away with binding of the feet; but in Central China, in Kiang Su, Shanghai, Nanking and Hongkong, a region which is very enlightened a considerable impression has been made. The missionaries of course are exerting great influence in this regard, and are not admitting girls with bound feet into their schools. The process of unbinding the feet is extremely painful, and cannot be done after a certain age. In one of the women's hospitals in Peking which we went through, Dr. Madison and Dr. Heath, the two women doctors in charge, were anxious to show us the ward there they were gradually removing the bandages from the bound feet of young girls. We were allowed to go into the ward, but not a single girl would let us look at her feet, in spite of the efforts of the doctors, because of the feeling in regard to being inspected by men.

Western medicine first came into China with the medical missionaries. The first missionaries to China were the Jesuit Fathers in the sixteenth century. One of their number—Father Ritchie—is one of the most interesting characters in the early history of missionary effort. Under his influence Christianity made great headway in China and was favored even by the official classes. He held the view that many Chinese customs could be retained as not incompatible with Christianity—such as Confucianism and ancestral worship—which did not amount to a religion. It is very interesting to consider the progress of Christianity in China under the views of the Jesuit Fathers and the great obstacles which it has encountered since. The question was for a long time in great dispute and forms a chapter in all Roman Catholic ecclesiastical histories; but the decision was finally against Father Ritchie's views.

Many of the early missionaries had a medical training. Morrison, the great pioneer, who came to China over a hundred years ago, had studied

medicine. Also Peter Parker from Yale. He is one of the great characters in China. These men have all done a wonderful work. Of course they encountered opposition—which has not altogether died out, though it has been overcome to such an extent that it is very little in evidence in such a trip as ours. The history of missionary effort in China is extremely interesting and could be made the theme of a special topic. The stories of these men are full of inspiration. They are leading such devoted lives and are doing such an immense amount of good for the relief of suffering that one cannot help having the deepest respect and admiration for them and for their work. They have gone primarily in a missionary spirit and not as physicians,—they have gone with the purpose to convert the Chinese, to save their souls, and have regarded their medical work as an instrument put in their hands to reach the souls of the Chinese through their bodies. But in carrying out their primary motive they have at the same time cultivated and practised Western methods in medicine and have demonstrated their superiority to such a large number of the Chinese that Western medicine is taking the field wherever it is introduced, as it is in the large centers. There the hospitals and the outpatient departments are crowded. Everywhere is there need for larger staffs, women doctors as well as men; everywhere especially the need for more nurses. With increased facilities they could double, they could quadruple, the good they are doing. Everywhere they are overworked, and of course cannot do justice to their task with this tremendous demand upon them.

Their work is largely surgical. We were told that the Chinese are not greatly impressed with the superiority of our treatment of internal disease over that obtained by their own drugs. They employ their native doctors when anything is the matter with their insides, but for a surgical operation they seek the Western doctor; so that in a sense perhaps Western surgery only has had this great triumph in China. One reason for the great success of Western surgery rather than of internal medicine is that the surgical case seems more urgent, and the opportunities for demonstrating the superiority of its methods are more dramatic, to say the least, than the cure of internal diseases with drugs.

The great need in China of course is the graining of Chinese students in Western medicine. It is impossible to conceive that in a great country of 400,000,000 inhabitants American and European physicians could begin to meet its medical needs. A few Chinese students have been trained here and in Europe, and two or three of them whom we met were of superior character, but none I think are likely to be real leaders. A much larger number receive their training in Japan, for it is easier and much cheaper for them to go to Japan, and Japan today is abreast with America and

Europe in medical science and practice. The schools of Japan, however, are of different grades, and the majority of the Chinese who have gone there for their medical education have attended the relatively inferior medical schools. There are only a few Chinese students in the medical schools connected with the Imperial universities and but two in the splendid school in Tokio. On the whole the Chinese doctor trained in Japan did not impress us very favorably.

There are also those who are trained at home in the medical schools in China. These schools are of different sorts; there are medical missionary schools, Government schools and some semi-private schools. The missionary schools on the whole are the best; but there is nothing in China which really meets the need. Many of the schools are almost wholly a one man school: a good doctor in charge of the hospital takes a group of Chinese students for four or five years, giving them perhaps a diploma at the end of this time, in some instances merely a certificate, and occasionally a degree. What is needed is the establishment of two or three first-class medical schools where the Chinese can secure as good an education as in the best schools in this country and Europe. We were told, and I think it is undoubtedly true, that it is important that they get their training in their own country; that if they go abroad they get largely out of touch with the problems of their country and even with their language, and that those who go abroad accomplish little when they return. As you perhaps know, the Rockefeller Foundation through the Chinese Medical Board expects to establish two such colleges. For one it will take over the existing Union Medical College in Peking, remodel and reorganize it, and get as good men for their teaching posts as can be secured. The second of the two schools will be in Shanghai. This is felt to be the best course at present to reach the ultimate goal of training up a group of Chinese physicians who will be able to carry on the work themselves, as the Japanese have done in Japan in an incredibly short time.

I will say just a word regarding disease as we observed it in China. Tuberculosis is enormously common: it is seen everywhere; there is more tuberculosis in both the medical and surgical wards of hospitals and the out-patient departments than any other disease. Venereal disease and syphilis are very prevalent. It has long been believed that the so-called parasymphilitic infections were unknown in China, but this is entirely in error. That they have locomotor ataxia, paresis and progressive paralysis has been clearly demonstrated by Dr. Woods, who had worked with Dr. Spiller in Philadelphia: it needs only a trained neurologist to discover the existence of these diseases in China. It has been stated also that they have very little aneurism—which is surprising on account of the amount of work done by the human machine in China, where it is cheaper to feed



the human machine with rice than to lighten its labor. I do not know what would happen if machinery were introduced into China: it would probably disrupt the whole nation. Stricture of the urethra is said to be very uncommon, but this again I think can be questioned. Smallpox is very prevalent. Curiously enough scarlet fever was unknown there until about ten years ago. Dr. Stanley the health officer in Shanghai, told us that it came in with the railroads. It is now increasing in amount, though it has never prevailed as an epidemic. They have a number of curious diseases, of course, that we are not familiar with. One of the physicians is making some very interesting studies of the sand-fly fever, which is extremely common in northern China in May, June and July. Kala azar exists in different sections. Surgeons are cutting out big spleens all over China, just as we cut for adenoids or appendicitis. I do not think they know that they are putting the patient to death. China is a great country for flukes. There are areas where in some villages from ten to thirty-five persons are infected; it is dangerous to bathe, for even the water in the bathtub may be infected. They have infantile paralysis, but this is not prevalent: I think they have not observed more than a dozen cases, but of course there is a chance of its spreading.

I will say a further word about Dr. Stanley's work in Shanghai, where he has one of the best health departments I have ever visited. He himself is a remarkable man; he has a well trained staff, and the laboratory is making vaccines and serums. They are great believers in autogenous vaccines, and send out cultures from all sorts of infections, and no small part of the work of Dr. Moore, who is a well-known bacteriologist, is making up vaccines from cultures which have been sent by various doctors.

## MEDICAL NEWS

Dr. Guy Hunner read a paper on "Strictures of the ureter," before the American Urological Society which met in St. Louis, April 15 to 21.

Dr. Mortimer Frank of Chicago read a paper entitled "History and discovery of the secretory glands," before the Historical Club of the Johns Hopkins Hospital, April 6.

Drs. W. S. Thayer and J. M. T. Finney were members of a joint committee representing the A. M. A., Surgical Congress, American Congress of Surgeons of N. A., and the American College of Surgery which presented a plan of practical preparedness to President Wilson, April 26. Dr. W. H. Welch, president of the Academy of National Sciences, spoke for that organization advocating a survey to determine the chemical, physical and natural resources available for Government use in war.

Dr. E. N. Brush, president of the American Medico-Psychological Association, presided at the meeting in New Orleans, April 4-7. This was an unusually interesting meeting and the exhibit in charge of Dr. A. P. Herring was the largest of its kind ever assembled.



Dr. J. Clement Clark attended the annual meeting of the Medico-Psychological Association which met in New Orleans the week of April 3 and read a paper dealing with typhoid fever in the State Hospital. In this institution according to Dr. Clark, where previous to 1911 when the inmates and nurses were inoculated with typhoid vaccine, there were 10 to 30 cases each autumn, not a case is now seen.

Dr. E. N. Brush, who was operated on for appendicitis on April 25, is making a splendid recovery.

Mrs. Thomas B. Horton, Curtis Bay, died May 1 at the Mercy Hospital following a brief illness.

Dr. J. William White, professor emeritus of Surgery of the University of Pennsylvania, died April 24 of pneumonia.

One of the most interesting and instructive meetings held this season in Osler Hall was the one of April 7 when the Medical Society of the District of Columbia honored us by being our guests for the occasion. The program which was given by the Washington Society was most thoroughly enjoyed and the three papers presented were widely discussed. A smoker followed the formal program which afforded the desired opportunity of greeting former friends and that of making new acquaintances.

We trust these reciprocal meetings will be an annual event and too, that it will not be long before we have reciprocal legal relations for medical licensure again established.

The Trustees and the Medical Faculty of Stanford University in 1914 inaugurated a Summer Graduate Medical School with the object of making available to the medical profession during the summer months the clinical, laboratory, and hospital facilities of the Medical School. In pursuance of this plan the third course will be given this year. The session will extend for six weeks, from July 6 to August 15. The classes will be given in San Francisco in the Medical School Building, corner Sacramento and Webster streets; Lane Hospital, corner Clay and Webster streets; San Francisco Hospital, 22nd street and Potrero avenue; and the Isolation Hospital, Army and De Haro streets,

The Lane Medical Library of Stanford University of 40,000 volumes, situated just across the street from the Medical School Building, is open to all members of the Summer School. During the session a special series of clinics will be given by the senior members of the Medical Faculty.

The courses are designed primarily for the benefit of the profession, and are open to all licensed physicians or to graduates of recognized medical schools.

If there is sufficient demand, a course in Military Surgery can be arranged, to be given by members of the Army Medical Corps.

A course of six lectures on Military Administration, Medicine and Surgery was given at Columbia University, College of Physicians and Surgeons, New York City, on Tuesdays, at 5 p.m., beginning March 28 and ending May 2.

The lectures were given by Major Joseph H. Ford, Medical Corps, U.S.A.; Major Sanford H. Wadhams, Medical Corps, U.S.A.; Captain Philip W. Huntington, Medical Corps, U.S.A., and Lieut.-Col. W. S. Terriberry, Medical Corps, N.G.N.Y.

They were open to the general medical public as well as to the students of the College of Physicians and Surgeons.

## DIRECTORY.

### MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

Officers and Committees for 1916 are given on first two pages of Bulletin each month.

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1874-1875—Henry M. Wilson.	1906-1907—Hiram Woods.
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1878-1879—Samuel P. Smith.	1910-1911—Franklin B. Smith.
1879-1880—Samuel C. Chew.	1912—Hugh H. Young.
1880-1881—H. P. C. Wilson.	1913—Archibald C. Harrison.
1881-1882—Frank Donaldson.	1914—Randolph Winslow.
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1883-1884—Richard McSherry.	1916—J. Whitridge Williams.

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1848-1849—John Readell, Jacob Baer, P. Wroth.	1853-1854—John Fonerden, Albert Ritchie, P. Wroth.
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- 1855-1856—George C. M. Roberts, G. W. Miltenberger, M. Diffenderffer.
- 1856-1857—P. Wroth, Wm. H. Davis, Samuel Smith.
- 1857-1858—William Waters, Frederick Dorsey, Joel Hopkins.
- 1858-1859—Samuel Chew, Stephen N. C. White, Samuel K. Handy.
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- 1863-1871—John R. W. Dunbar, Wm. M. Kemp, John C. Hopkins.
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- 1872-1873—(Unknown.)
- 1873-1874—S. C. Chew, H. M. Wilson, A. B. Arnold.
- 1874-1875—Francis T. Miles, James A. Steuart, D. A. O'Donnell.
- 1875-1876—Christopher Johnston, A. B. Arnold, J. C. Thomas.
- 1876-1877—P. C. Williams, James A. Steuart, Francis T. Miles.
- 1877-1878—S. C. Chew, F. E. Chatard, Charles H. Jones.
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- 1895-1896—Charles G. Hill, Clotworthy Birnie.
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- 1897-1898—W. F. A. Kemp, George J. Preston.
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- 1899-1900—Samuel Theobald, David Street.
- 1900-1901—Samuel T. Earle, Jr., J. B. R. Purnell.
- 1901-1902—Harry Friedenwald, B. W. Goldsborough.
- 1902-1903—Samuel T. Earle, Jr., Wilmer Brinton.
- 1903-1904—Franklin B. Smith, James M. Craighill.
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- 1905-1906—Charles O'Donovan, Thomas M. Chaney, Joseph B. Seth.
- 1906-1907—William T. Watson, Philip Briseoe, William F. Hines.
- 1907-1908—Roger Brooke, Henry L. P. Naylor, George Dobbin.
- 1908-1909—Philip Briseoe, William L. Smith, G. Milton Linthieum.
- 1909-1910—Philip Briseoe, A. P. Herring, Compton Riely.
- 1910-1911—J. Staige Davis, H. B. Gantt, Timothy Griffith.
- 1912—J. L. Riley, D. E. Stone, J. A. Chatard.
- 1913—J. Staige Davis, C. F. Davidson, E. B. Claybrook.
- 1914—C. R. Winterson, A. L. Franklin, Gordon Wilson.
- 1915—A. McGlannan, J. E. Deets, R. Lee Hall.
- 1916—L. C. Carrico, M. D. Norris, J. A. Chatard.

ACTIVE MEMBERS OF COMPONENT SOCIETIES. 1916.

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 Boucher, S. A., Barton, Md.  
 Bove, Chas. F. W., Cumberland, Md.  
 Bowen, R. C., Grantsville, Md.  
 Broadrup, George L., Cumberland, Md.  
 Broadwater, N. I., Oakland, Md.  
 Bullock, James O., Lonaconing, Md.  
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 Cavanaugh, Leo M., Flintstone, Md.  
 Claybrook, Edwin B., Cumberland, Md.  
 Cobey, James C., Frostburg, Md.  
 Conroy, Timothy L., Frostburg, Md.  
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 Deming, Herbert V., Cumberland, Md.  
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 Fochtman, F. W., Cumberland, Md.  
 Franklin, A. L., Cumberland, Md.  
 Gardner, Charlotte B., Cumberland, Md.  
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 Hawkins, Arthur H., Cumberland, Md.  
 Hinebaugh, Mallon C., Oakland, Md.  
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 McDonald, T. B., Cumberland, Md.  
 McGann, John H., Barton, Md.  
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Nedrow, Willey Clayton, Friendsville, Md.

O'Neil, Francis P., Cumberland, Md.  
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 Raphel, Eugene F., Cumberland, Md.  
 Sharrett, G. O., Cumberland, Md.  
 Skilling, William Quail, Lonaconing, Md.  
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 Spear, J. M., Cumberland, Md.  
 Spicer, Jos. H., Cumberland, Md.  
 Stewart, E. J., Cumberland, Md.  
 Trevaskis, R. W., Cumberland, Md.  
 Twigg, Wm. F., Cumberland, Md.  
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 Wilson, J. Homer, Cumberland, Md.  
 Wilson, Jacob Jones, Cumberland, Md.

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 Collison, John, South River, Md.  
 Gantt, H. B., Jr., Millersville, Md.  
 Henkel, Charles B., Annapolis, Md.  
 Henkel, Louis B., Jr., Annapolis, Md.  
 Hepburn, Sewall S., Annapolis, Md.  
 Hopkins, Walton H., Annapolis, Md.  
 Keough, G. P. L., Crownsville, Md.  
 Murphy, James J., Annapolis, Md.  
 Perrie, Alfred Hall, McKendree, Md.  
 Purvis, Jesse Oliver, Annapolis, Md.  
 Thompson, Frank H., Annapolis, Md.  
 Weitzman, Frances E., Annapolis, Md.  
 Winterode, R. Preston, Crownsville, Md.  
 Winterson, Charles R., Elkridge, Md.



*Baltimore City Medical Society.*

- Abercrombie, Anna S., 1316 N. Charles St.  
 Abercrombie, John Robert, 1316 N. Charles St.  
 Abercrombie, Ronald T., Homewood Apartments.  
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 Adler, Harry, 1718 Eutaw Place.  
 Ahroon, Carl R., 820 N. Eutaw St.  
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 Arthur, Harry H., 1426 W. Lanvale St.  
 Ashbury, Howard E., 827 N. Charles St.  
 Ashby, Thomas A., 1125 Madison Ave.  
 Athey, Caleb N., 100 S. Patterson Park Ave.  
 Athey, H. B., 200 N. Patterson Park Ave.  
 Atkinson, A. Duvall, 921 N. Charles St.  
 Austrian, Charles R., Johns Hopkins Hospital.  
 Bacon, Robert B., 631 Maryland Ave., N. E., Washington, D. C.  
 Baer, William Stevenson, 4 E. Madison St.  
 Baetjer, Frederick Henry, 4 E. Madison St.  
 Baetjer, Walter A., 11 E. Chase St.  
 Bagley, Charles, Jr., 5 W. Chase St.  
 Bailey, J. A., 226 E. Lafayette Ave.  
 Ballard, Edwin Kemp, 1622 Mt. Royal Ave.  
 Barker, Lewellys F., 1035 N. Calvert St.  
 Barrett, Arthur G., 1631 Madison Ave.  
 Barrett, Francis O., 19 N. Carey St.  
 Bartle, Harvey, 2402 Guilford Ave.  
 Baxley, Henry Minifie, 1126 W. North Ave.  
 Bay, Robert Parke, The Walbert.  
 Baylin, Morris J., 212 Aisquith St.  
 Bayne-Jones, Stanhope, Johns Hopkins Hospital.  
 Beck, Harvey G., 20 E. Preston St.  
 Belt, Samuel Jones, 1516 E. Preston St.  
 Bennett, George E., 4 E. Madison St.  
 Bergland, John McF., 4 W. Biddle St.  
 Berkley, Henry J., 1305 Park Ave.  
 Bernheim, Bertram M., 2319 Eutaw Place.  
 Bevan, Charles Frederick, 807 Cathedral St.  
 Biedler, Hampson Hubert, 119 W. Saratoga St.  
 Billups, Gains W., 2224 W. North Ave.  
 Bishop, G. W., Rossiter Ave. and York Road.  
 Blake, Chas. French, 20 E. Preston St.  
 Blake, Herbert C., 1014 W. Lafayette Ave.  
 Blake, John D., 1014 W. Lafayette Ave.  
 Blake, R. L., 637 Columbia Ave.  
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 Bloomfield, Arthur L., Johns Hopkins Hospital.  
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 Booker, William D., 208 W. Monument St.  
 Bordensky, Nathan B., 507 S. Pulaski St.  
 Bordley, James, Jr., 330 N. Charles St.  
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 Bressler, Frank C., 125 S. Broadway.  
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 Brown, Francis Edward, 609 St. Paul St.  
 Brown, Thomas Richardson, 19 W. Biddle St.  
 Browne, Bennet Bernard, 510 Park Ave.  
 Browne, Jennie Nicholson, 510 Park Ave.  
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 Brush, Nathaniel H., Johns Hopkins Hospital.  
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 Buck, Jefferies, 2844 St. Paul St.  
 Buckler, Humphrey Warren, 806 Cathedral St.  
 Burdick, William, 801 Garrett Bldg.  
 Burke, William L., 3042 Hudson St.  
 Burnam, Curtis Field, 1718 Eutaw Pl.  
 Burrow, Trigant, The Washington.  
 Butler, John Camp, 1809 N. Charles St.

- Buxton, Gilbert F., 301 E. Cross St.  
 Byers, Horace W., Church Home.  
 Byrnes, Charles Metcalf, 207 E. Preston St.  
 Cairnes, George Henry, 21 W. 25th St.  
 Campbell, R. E. L., 1644 Hanover St.  
 Carman, Richard Perry, 1701 N. Caroline St.  
 Carpenter, Frances A., Bellevue-Manchester.  
 Carroll, Albert Hynson, The Walbert.  
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 Carter, H. M., U. S. Marine Hospital.  
 Casler, DeWitt B., 19 W. Chase St.  
 Caspari, William, 1603 Madison Ave.  
 Cathell, Daniel Webster, 1636 E. Baltimore St.  
 Cathell, William T., 1636 E. Baltimore St.  
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 Chambers, John Wesley, 18 W. Franklin St.  
 Chambers, Thomas R., 18 W. Franklin St.  
 Chatard, Joseph Albert, 40 W. Biddle St.  
 Chunn, William P., 1023 Madison Ave.  
 Clapp, Clyde A., 513 N. Charles St.  
 Clarken, James V., 529 N. Charles St.  
 Clift, J. W. V., 1312 W. Mulberry St.  
 Clopton, W. G., 2919 Huntingdon Ave.  
 Clough, Paul W., Johns Hopkins Hospital.  
 Cohen, Lee, 1820 Eutaw Place.  
 Cole, John Wesley, 2202 Garrison Ave.  
 Collenberg, H. T., 3103 Clifton Ave.  
 Cone, Claribel, The Marlborough.  
 Cone, Sydney, 2326 Eutaw Place.  
 Conser, Charles Carlisle, 1101 N. Fulton Ave.  
 Cook, Carlton M., 1107 W. Lanvale St.  
 Cook, Edward J., 413 N. Washington St.  
 Cooke, Theodore, 914 N. Charles St.  
 Cooke, Theodore, Jr., 914 N. Charles St.  
 Coolahan, Edward V., 24 N. Fulton Ave.  
 Cooper, Harrison F., 2425 St. Paul St.  
 Coppage, W. G., 2 S. Patterson Park Ave.  
 Cotton, Albertus, 1303 Maryland Ave.  
 Craighill, James M., 1800 N. Charles St.  
 Crane, J. D., 423 E. 22nd St.  
 Cross, Roscoe Z. G., 2438 Maryland Ave.  
 Crouch, J. Frank, 513 N. Charles St.  
 Crowe, Samuel J., 1117 N. Eutaw St.  
 Cullen, Thomas Stephen, 20 E. Eager St.  
 Dabney, William Minor, Ruxton, Md.  
 Dashiell, Nicholas Leeke, 2927 St. Paul St.  
 Davis, C. R., 923 N. Carrollton Ave.  
 Davis, Hoagland Cook, 405 N. Charles St.  
 Davis, John Staige, 1200 Cathedral St.  
 Davis, Samuel Griffith, 1230 Light St.  
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 Deibel, Harry, 1217 Hanover St.  
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 Dickey, Ezra A., 14 N. Monroe St.  
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 Dobbin, George W., 56 W. Biddle St.  
 Dodds, S. A., 3101 Clifton Ave.  
 Dohme, Gustavus Charles, 3014 St. Paul St.  
 Douglas, Eugene, 830 W. North Ave.  
 Downey, Jesse W., Jr., 529 N. Charles St.  
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 Edwards, Chas. R., 720 W. North Ave.  
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 Ellis, A. Lee, 924 Madison Ave.  
 Esker, Harry Hood, Clarksburg, W. Va.  
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 Finney, John Miller T., 1300 Eutaw Pl.  
 Fisher, William A., Jr., 715 Park Ave.

- Fiske, John Dwinelle, 51 S. Gay St.  
 Fleckenstein, H. K., 1624 Mt. Royal Ave.  
 Fleming, George A., 1018 Madison Ave.  
 Follis, Richard Holden, 3 E. Read St.  
 Ford, William W., 1027 Cathedral St.  
 Forsythe, Hugh, 424 E. North Ave.  
 Franklin, David, 122 W. Lee St.  
 Franks, H. Lee, 1228 S. Charles St.  
 Frantz, William, Johns Hopkins Hospital  
 Freeman, Elmer Bert, 643 Columbia Ave.  
 Freilinger, M. C., 682 Columbia Ave.  
 Frey, L. F., 2720 Evergreen Terrace.  
 Fried, Hiram, 2551 Madison Ave.  
 Friedenwald, Edgar B., 1616 Linden Ave.  
 Friedenwald, Harry, 1029 Madison Ave.  
 Friedenwald, Julius, 1013 N. Charles St.  
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 Futch, Thomas Barnes, 23 W. Franklin St.  
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 Gaither, Ernest H., 19 W. Biddle St.  
 Gamble, Cary B., Jr., 26 W. Biddle St.  
 Garb, Nathaniel, 2731 Parkwood Ave.  
 Gardner, William Sisson, 6 W. Preston St.  
 Gately, Joseph Edward, 1822 N. Charles St.  
 Geraghty, John T., 330 N. Charles St.  
 Getz, Charles, 1111 W. Lanvale St.  
 Gibbons, Edward Englar, 1102 W. Lafayette Ave.  
 Giehner, Joseph Enoch, 1516 Madison Ave.  
 Giering, Herman J., 1900 Eastern Ave.  
 Gilchrist, Thomas Caspar, 330 N. Charles St.  
 Gillis, Andrew Colin, 914 N. Charles St.  
 Girdwood, John, 102 E. 25th St.  
 Goldbach, Leo John, 322 N. Charles St.  
 Goldberg, Harry, 2031 W. Pratt St.  
 Goldstein, A. E., 444 N. Luzerne Ave.  
 Gombel, Wm. G., 1704 Madison Ave.  
 Gorsuch, Harry Kepler, 117 W. Saratoga St.  
 Gorsuch, Howard Stanley, 501 E. 22d St.  
 Gorter, Nathan Ryno, 1 W. Biddle St.  
 Graver, Joseph G., 606 W. North Ave.  
 Green, R. J., 120½ Aisquith St.  
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 Greenfield, Win., 2012 Madison Ave.  
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 Guistwhite, B. H., University Hospital.  
 Hachtel, Frank W., 122 W. Lafayette Ave.  
 Hall, Elmer G., 1617 E. North Ave.  
 Hall, William S., 814 Park Ave.  
 Halsted, William Stewart, 1201 Eutaw Place.  
 Hamburger, Louis P., 1207 Eutaw Place.  
 Hamman, Louis V., 714 Park Ave.  
 Harlan, Herbert, 516 Cathedral St.  
 Harris, John C., 773 W. Lexington St.  
 Harrison, Archibald C., 31 E. North Ave.  
 Hartman, George A., 1121 N. Caroline St.  
 Hartman, Jacob H., 5 W. Franklin St.  
 Hawkins, J. F., 1 E. Randall St.  
 Hayden, Holliday H., 1425 Light St.  
 Hayward, Eugene H., Preston & Valley Sts.  
 Hazellhurst, Franklin, Jr., 108 W. Saratoga St.  
 Hebb, Arthur, 2011 E. Pratt St.  
 Heck, John J., 936 E. Monument St.  
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 Hemmeter, John C., Latrobe Bldg.  
 Hempel, John Frederick, 3310 W. North Ave.  
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 Herzog, B. Philip, 1305 N. Patterson Park Ave.  
 Hesser, Fred. E., 1301 N. Patterson Park Ave.  
 Hichew, A. Lee, 1003 N. Broadway.  
 Hirschman, Isidore I., 1518 Madison Ave.  
 Hirsh, José Louis, 2360 Eutaw Place.  
 Hoag, J. Morley, 729 Columbia Ave.  
 Hobelmann, Frederick William, 1908 W. Baltimore St.  
 Hoffman, C. W., 2100 W. North Ave.  
 Hogan, J. F., Sydenham Hospital.  
 Holland, Joseph W., 1624 Linden Ave.  
 Holmes, Jas. B., 16 E. Read St.  
 Homer, Harry L., 714 Park Ave.  
 Hooker, Donald R., "Upland," Roland Park, Md.  
 Hoopes, Fannie E., 1307 N. Charles St.  
 Hopkinson, B. Merrill, 330 N. Charles St.  
 Horn, August, St. Paul and 25th St.  
 Houck, Henry C., 1929 W. North Ave.

- Houff, John, 1843 W. North Ave.  
 Howard, Wm. T., 1213 N. Calvert St.  
 Howland, John, 20 E. Eager St.  
 Hundley, John Mason, 1009 Cathedral St.  
 Hunner, Guy Le Roy, 2305 St. Paul St.  
 Hurd, Henry Mills, 1023 St. Paul St.  
 Hurdon, Elizabeth, 31 W. Preston St.  
 Hutchins, Elliot H., 1230 Light St.  
 Hyde, Harry C., 1024 E. North Ave.  
 Iglehart, James Davidson, 211 W. Lanvale St.  
 Iglehart, Nathan E. B., 1008 Cathedral St.  
 Jacobs, Henry Barton, 11 W. Mt. Vernon Place.  
 Janeway, Theodore C., Johns Hopkins Hospital.  
 Janney, Francis W., 405 N. Charles St.  
 Janney, O. Edward, 825 Newington Ave.  
 Jay, John G., 906 Cathedral St.  
 Jennings, F. Leslie, The Latrobe.  
 Johnson, Robert W., 101 W. Franklin St.  
 Johnston, Richard Hall, 807 N. Charles St.  
 Johnston, Samuel, 204 W. Monument St.  
 Jones, C. Hampson, 2529 St. Paul St.  
 Jones, David W., 3116 O'Donnell St.  
 Jones, Howard W., 1296 Frederick Ave.  
 Jones, Kenneth B.,  
 Jones, Maurice, 423 E. Fort Ave.  
 Joyce, James Burch, 1800 W. North Ave.  
 Judd, Chas. C. W., Plymouth Hall, Madison and Wilson Sts.  
 Kahn, Howard, 2027 W. Pratt St.  
 Kahn, Max, 677 Columbia Ave.  
 Keidel, Albert, 330 N. Charles St.  
 Keirle, Nathaniel G., 1419 W. Lexington St.  
 Keller, Charles J., 222 W. Monument St.  
 Kelly, Howard Atwood, 1418 Eutaw Pl.  
 Kelly, Vernon F., 405 Falls Road.  
 Kemler, J. I., 1908 Eutaw Place.  
 Keown, Thomas William, 1938 Linden Ave.  
 Ketron, Lloyd W., 529 N. Charles St.  
 Keyser, R. L., Wentworth Apartments  
 King, John H., 1100 N. Charles St.  
 King, John Theodore, 1425 Eutaw Pl.  
 Kintzing, Pearce, 1321 N. Charles St.  
 Kirby, Francis Joseph, 110 E. North Ave.  
 Kloman, E. H., The Walbert.  
 Knapp, Hubert Clement, 1216 E. Preston St.  
 Knipp, Harry Edward, 1002 W. Lanvale St.  
 Knorr, Ernest A., 114 W. Franklin St.  
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 Krozer, John J. R., 662 W. Lexington St.  
 Lang, John Frederick, 933 W. Fayette St.  
 Larned, Charles Willis, 1327 Park Ave.  
 Laroque, Herbert E., 11 S. Broadway  
 Lazenby, Maurice, 214 E. Preston St.  
 Lehnert, Ernest Charles, 1419 E. Eager St.  
 Leitz, Thomas Frederick, 2040 Eutaw Place.  
 Lennan, Alvin B., 718 N. Patterson Park Ave.  
 Leopold, Eugene J., 803 Park Ave.  
 Lewis, Howard Davis, 2215 N. Charles St.  
 Lewis, Robert M., 1418 Eutaw Place.  
 Lichtenberg, Moses L., University Hospital.  
 Likes, Sylvan H., 1134 Linden Ave.  
 Link, Amelia E., 1717 N. Caroline St.  
 Linthicum, G. Milton, 817 Park Ave.  
 Lloyd, L. L., 639 Franklin St.  
 Locher, R. W., 31 E. North Ave.  
 Lockard, George C., 4 E. Preston St.  
 Lockwood, William F., 8 E. Eager St.  
 Long, Oscar L., 2701 Eastern Ave.  
 Looper, E. A., 37 W. Preston St.  
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 Love, William S., 836 W. North Ave.  
 Luetscher, John Arthur, 1025 Madison Ave.  
 Lumpkin, James C., 645 Columbia Ave.  
 Lumpkin, Thomas Morgan, 826 N. Carrollton Ave.  
 Lynn, Frank S., 1619 St. Paul St.  
 McAvoy, Michael J., 839 S. Canton St.  
 MacCalman, Duncan, 1822 Madison Ave.  
 McCarty, Harry D., 37 W. Preston St.



- McCleary, B. O., 404 N. Payson St.  
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 McConachie, Alexander Douglas, 805 N. Charles St.  
 McCormick, Thos. Pugh, 1421 Eutaw Pl.  
 McDevitt, Edward P., 208 Aisquith St.  
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 Macht, David I., 3218 Auchentoroly Ter.  
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 Mayo, Robert W. B., 819 N. Charles St.  
 Merrick, Samuel K., 824 Park Ave.  
 Metzell, Roscoe C., 1903 W. North Ave.  
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 Meyer, C. H., Jr., 401 N. Lakewood Ave.  
 Micheau, Ellis, 528 N. Gilmor St.  
 Michelson, R. A., 1420 E. Baltimore St.  
 Milbourne, L. B., 16 S. Gilmor St.  
 Miller, Irving, 108 E. North Ave.  
 Miller, James R., 66 Forest St., Hartford, Conn.  
 Miller, Sydney R., 11 E. Chase St.  
 Mills, James J., 853 Park Ave.  
 Mitchell, Charles W., 9 E. Chase St.  
 Mitchell, George W., 11 E. Chase St.  
 Mitchell, Robert L., 2112 Maryland Ave.  
 Mitnick, Jacob H., 424 N. Greenc St.  
 Mohr, Dwight H., 2935 Eastern Ave.  
 Morgan, Wilbur Phelps, 315 W. Monument St.  
 Mortimer, Egbert Laird, 530 N. Fulton Ave.  
 Mosenthal, H. O., Johns Hopkins Hospital.  
 Murgatroyd, George W., 2537 Greenmount Ave.  
 Muse, Alexander E., 855 Columbia Ave.  
 Muse, Bernard Purcell, 1039 Edmondson Ave.  
 Muse, Joseph Ennalls, 1520 Hollins St.  
 Neale, Leonard Ernest, 822 Park Ave.  
 Neer, Charles S., 408 S. Patterson Park Ave.  
 Nelson, J. T., 1103 N. Fulton Ave.  
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 Ney, Grover C., 1701 Linden Ave.  
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 Norment, Richard B., Jr., State Department of Health.  
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 O'Donovan, Charles, 5 E. Read St.  
 Ohle, Henry Charles, 1203 W. Fayette St.  
 O'Mara, John T., 1042 Edmondson Ave.  
 O'Neill, J. E., 2508 N. Charles St.  
 O'Neill, Martin A., 108 N. Fulton Ave.  
 Onnen, John G., Fairmount Ave., and Potomac St.  
 Orem, F. Strattner, 2827 N. Calvert St.  
 Owings, Edward R., 1733 Linden Ave.  
 Page, Isham R., 1327 Bolton St.  
 Pancoast, Omar Barton, 1111 N. Charles St.  
 Park, Edw. A., 1529 Bolton St.  
 Parron, J. Cary, Mt. Royal Apartments.  
 Parsons, W. T., 230 W. Lafayette Ave.  
 Pearce, Wilbur M., 5 E. Preston St.  
 Pearce, Wm. H., 2105 N. Charles St.  
 Pels, Isaac R., 922 W. North Ave.  
 Pennington, John I., 1826 Bolton St.  
 Penrose, Clement A., 21 W. Mt. Royal Ave.  
 Perkins, Edgar Shirley, The Rochambeau.  
 Perry, William Brinton, The Rochambeau.

- Peterman, Harry Elmer, 114 W. Franklin St.
- Peters, Don P., 131 N. Broadway.
- Pfeiffer, John Arthur, F., Government Hospital Insane, Washington, D. C.
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- Pierson, J. W., 1217 Fidelity Bldg.
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- Plummer, Edward, 539 N. Fulton Ave.
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- Pollack, Flora, 1112 N. Eutaw St.
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- Pound, John C., 1302 W. Lombard St.
- Powers, F. J., 2511 E. Preston St.
- Prentiss, Harry G., 634 Gorsuch Ave.
- Randolph, Robert Lee, 609 Park Ave.
- Rankin, Fred, 2124 Maryland Ave.
- Reckard, Hiram Leslie, 3100 Abell Ave.
- Reeder, J. Dawson, 639 N. Fulton Ave.
- Rehberger, John H., 1709 Aliceanna St.
- Reik, A. J. Neilson, 506 Cathedral St.
- Reik, Henry Ottrage, 506 Cathedral St.
- Reinhardt, George H., 2623 N. Calvert St.
- Requardt, Wm. Whittall, 805 Park Ave.
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- Richardson, Leonard A., 112 W. 25th St.
- Richardson, Thos. Leonard, Quarantine Station.
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- Ries, A. Ferdinand, 24 S. Broadway.
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- Riley, R. H., State Department of Health.
- Riley, William T., 1639 Broadway.
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- Robinson, Isaac P., 330 N. Charles St.
- Robinson, John Henry, 726 E. Preston St.
- Rohrer, Caleb W. G., 114 W. Franklin St.
- Rosenheim, Sylvan, 1710 Linden Ave.
- Rosenthal, Lewis Jay, 1622 Linden Ave.
- Rosenthal, Melvin Samuel, 718 N. Howard St.
- Rosett, Joshua, 1318 N. Charles St.
- Rothholz, Alma S., 2108 Bolton St.
- Rowland, James M. H., 1204 Madison Ave.
- Ruhräh, John, 11 E. Chase St.
- Russell, Elijah J., 423 N. Broadway.
- Russell, William Wood, 1208 Eutaw Pl.
- Rutledge, Harry H., 1631 E. North Ave.
- Rysanek, William J., 2008 Ashland Ave.
- Rytina, Anton George, 330 N. Charles St.
- Sadtler, Charles E., 1415 Linden Ave.
- Samuels, Abraham, 1928 Eutaw Pl.
- Sanderson, John W., 1714 N. Caroline St.
- Sanger, Frank Dyer, 525 N. Charles St.
- Saunders, J. B., 219 E. Preston St.
- Savage, Moses M., 1729 Madison Ave.
- Schaefer, Otto, 1105 Madison Ave.
- Schimmel, M. S., Garrison and Fairview Aves.
- Schmitz, William J., 701 N. Kenwood Ave.
- Schoenrich, Herbert, 1134 Linden Ave.
- Schwartz, William F., 1200 N. Caroline St.
- Schwatka, J. B., 822 W. North Ave.
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- Seem, Ralph B., Johns Hopkins Hospital.
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- Sellman, R. O., 2405 W. North Ave.
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- Settle, George M., 2435 Maryland Ave.
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- Shelly, Albert, 3849 Roland Ave.
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- Sherwood, Mary, 1320 N. Charles St.
- Shipley, Arthur Marriott, 1827 Eutaw Place.
- Shull, John D., The Guilford.
- Simon, Charles Edmund, 1734 Linden Ave.
- Singewald, Albert G., 1503 E. North Ave.
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- Sisco, Henry N., 1315 N. Charles St.
- Sisco, P. S. Bourdeau, 1315 N. Charles St.
- Skilling, Wm. K., 4107 Liberty Heights Ave.

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 Smith, Henry Lee, 2701 N. Calvert St.  
 Smith, Joseph Tait, The Cecil, Eutaw St.  
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 Spearman, John F., Mercy Hospital.  
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 Steuart, Cecilius Calvert, 122 W. 23d St.  
 Stewart, George A., 2427 Madison Ave.  
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 Stiefel, John G., 901 Myrtle Ave.  
 Stifler, William C., 1319 Light St.  
 Stokes, William Royal, 1639 N. Calvert St.  
 Stone, Harvey Brinton, 214 E. Preston St.  
 Strauss, George Alvin, Jr., 1935 W. North Ave.  
 Strobel, Edgar Randolph, 37 E. North Ave.  
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 Taylor, Robert Tunstall, 2000 Maryland Ave.  
 Tearney, Joseph F., 2210 Maryland Ave.  
 Thayer, William Sydney, 406 Cathedral St.  
 Theobald, Samuel, 970 Howard St.  
 Thiede, Gustav A., 1530 W. Lanvale St.  
 Thomas, Henrietta M., 1718 John St.  
 Thomas, Henry Briscoe, 1007 Cathedral St.  
 Thomas, Henry M., 1228 Madison Ave.  
 Thorkelson, Jacob, Dillon, Mont.  
 Tiffany, Louis McLane, 831 Park Ave.  
 Timberlake, Gideon, 330 N. Charles St.  
 Titlow, Horace B., 3035 O'Donnell St.  
 Toomey, T. N., Phila. General Hospital, Philadelphia, Pa.  
 Towles, Caroline Benson, 1006 Madison Ave.  
 Townsend, W. G., U. S. N. Recruiting Sta., Balto. & St. Paul Sts.  
 Traband, John H., Jr., 1003 Poplar Grove St.  
 Travers, John C., 205 N. Carey St.  
 Tumbleson, Arthur Lee, 2013 Bank St.  
 Tweedie, Hedley V., 640 N. Carrollton Ave.  
 Ullman, Alfred, 1532 N. Broadway.  
 Ullrich, J. Harry, 22 N. Carey St.  
 Ulman, Solomon Jay, 1808 Eutaw Place.  
 Underhill, Albert Jas., The Walbert.  
 Van Norman, Karl H., Toronto, Canada.  
 Vassalli, J. B., 525 N. Fulton Ave.  
 Vest, Cecil W., The Winona.  
 Vogelein, Mary Fussell, 1028 Valley St.  
 Waldron, Carl W., Johns Hopkins Hospital.  
 Waldschmidt, Henry, 933 Hanover St.  
 Walker, Geo., Charles and Centre Sts.  
 Walton, Henry J., 720 W. North Ave.  
 Warfield, Ridgely Brown, 845 Park Ave.  
 Warner, Robert A., 873 W. Lombard St.  
 Waters, Charles A., 1100 N. Charles St.  
 Waters, Mary A., 1711 Madison Ave.  
 Watson, William Topping, 2128 St. Paul St.  
 Wegefarth, Arthur, 2031 Eutaw Place.  
 Weinberg, M. A., 1804 Madison Ave.  
 Welch, Erberle Giddings, 607 N. Charles St.  
 Welch, William Henry, 807 St. Paul St.  
 Welsh, Lilian, The Arundel.  
 West, Reginald D., 412 Cathedral St.  
 Whittle, Charles B., 1279 William St.  
 White, G. Howard, 1029 Cathedral St.  
 White, Walter Walton, Jr., 1101 N. Broadway.  
 Whitehead, Alfred, 1213 Madison Ave.

- Whitham, Lloyd B., 514 Cathedral St.  
 Whitney, Edward L., 1520 Linden Ave.  
 Wiegand, William Edward, 222 Roland Ave.  
 Wilkins, George Lawson, 6 N. Broadway.  
 Willey, Waitman T., 6 E. Read St.  
 Williams, John Whitridge, 1128 Cathedral St.  
 Willis, Mary Cook, 810 Hanover St.  
 Wilson Gordon, 4 E. Preston St.  
 Wilson, Henry Merryman, 1008 Madison Ave.  
 Wilson, Karl M., 23 W. Chase St.  
 Wilson, Lot Ridgely, 1735 Hollins St.  
 Wilson, Robert Taylor, 820 Park Ave.  
 Winner, Jacob Lewis, 30 S. Broadway.  
 Winsey, Whitfield, 1220 E. Fayette St.  
 Winslow, John Randolph, The Latrobe.  
 Winslow, Nathan, 330 N. Charles St.  
 Winslow, Randolph, 1900 Mt. Royal Terrace.  
 Wise, Edward Marton, 706 N. Howard St.  
 Wise, Walter Dent, The Walbert.  
 Wolf, William B., 113 W. Franklin St.  
 Wolman, Samuel, 2407 Madison Ave.  
 Woltereck, G. H., 1210 Guilford Ave.  
 Woods, Hiram, 842 Park Ave.  
 Worthington, Thomas Chew, 1022 Madison Ave.  
 Wright, Eugene B., Richwood, Va.  
 Wyatt, Z. W., 15 E. Montgomery St.  
 Young, Hugh Hampton, Johns Hopkins Hospital.  
 Zepp, Herbert Elmo, 3050 W. North Ave.  
 Zinn, Waitman F., 22 E. Preston St.  
 Zueblin, Ernest, 807 St. Paul St..



*Baltimore County.*

Beitler, Frederick V., Halethorpe, Md.  
 Benson, Benjamin R., Cockeysville, Md.  
 Benson, James Edward, Cockeysville, Md.  
 Bergartt, Bernard M., Towson, Md.  
 Bowen, Josiah S., Mt. Washington, Md.  
 Boyd, Wm. A., Govanstown, Md.  
 Brush, Edward N., Towson, Md.  
 Bubert, John D., 4836 Park Heights Ave.  
 Bussey, Bennett F., Texas, Md.  
 Campbell, W. H. H., Owings Mills, Md.  
 Cassidy, Henry F., Roland Park, Md.  
 Clarke, Sydenham R., Roland Park, Md.  
 Cohen, Jacob, Reisterstown, Md.  
 Cornell, Wm. B., Arlington, Md.  
 Cox, N. H. D., Arlington, Md.  
 Drach, John H., Butler, Md.  
 Dunton, William Rush, Govans, Md.  
 Ebert, J. Wm., Lutherville, Md.  
 Eldred, Frank C., Sparrows Point, Md.  
 Emory, Thomas H., Monkton, Md.  
 Ensor, Charles B., Station E., Baltimore, Md.  
 Fort, S. J., Catonsville, Md.  
 Garrett, Robert Edward, Catonsville, Md.  
 Glann, Raymond V., Mt. Winans, Md.  
 Glantz, Frank A., 3244 Eastern Ave. Extd.  
 Gorsuch, James F. H., Fork, Md.  
 Green, John S., Gittings, Md.  
 Green, Joshua Royston, Towson, Md.  
 Green, Morris B., Hamilton, Md.  
 Gundry, Alfred T., Athol, Catonsville, Md.  
 Gundry, Lewis H., Relay, Md.  
 Gundry, Richard F., Catonsville, Md.  
 Hall, Thomas B., Mt. Winans, Md.  
 Harrison, John W., Middle River, Md.  
 Hess, Harry Clyde, Station H., Govans, Md.  
 Hyde, E. W., Parkton, Md.  
 Hill, Chas. G., Arlington, Md.  
 Hill, Milton P., Arlington, Md.  
 Hocking, George H., Govanstown, Md.  
 Hubbard, J. Ed., Hillsdale, Md.  
 Jarrett, H. S., Towson, Md.  
 Jarrett, J. H., Towson, Md.  
 Johnson, R. W., Towson, Md.  
 Keating, Frank W., Owings Mills, Md.

Kerr, Eugene, Towson, Md.  
 Kieffer, G. S. M., Morrell Park, Md.  
 Lewis, Wm. M., Lutherville, Md.  
 McClennahan, Wm. E., Highlandtown, Md.  
 McCormick, G. C., Sparrows Point, Md.  
 Macgill, John Charles, Catonsville, Md.  
 Manning, John, Melrose Ave., Govans, Md.  
 Mattfeldt, Charles L., Catonsville, Md.  
 Mitchell, A. R., Monkton, Md.  
 Monmonier, J. Carroll, Jr., Catonsville, Md.  
 Naylor, Harry A., Pikesville, Md.  
 Naylor, Henry L. P., Pikesville, Md.  
 Porter, Minor Gibson, Roland Park, Md.  
 Ruhl, Frank H., Lansdowne, Md.  
 Runkel, J. G., Catonsville, Md.  
 Sargeant, George F., Towson, Md.  
 Shermantine, R. W., Sparks, Md.  
 Slade, H. M., Reisterstown, Md.  
 Sloan, Martin F., Towson, Md.  
 Smart, L. Gibbons, Lutherville, Md.  
 Smink, A. C., Forest Park, Md.  
 Smink, C. C., Lauraville, Md.  
 Smith, Merrick A. V., Colon Hospital, Cristobal, C. Z.  
 Smith, William L., Rider, Md.  
 Todd, William J., Mt. Washington, Md.  
 Wade, J. Percy, Catonsville, Md.  
 Wantz, Sherman R., Arlington, Md.  
 West, Marshall B., Catonsville, Md.  
 Wilkinson, A. L., Raspeburg, Md.  
 Wilson, James H., Fowlesburg, Md.  
 Wolff, Geo. B., Towson, Md.  
 Wyse, Wm. P. E., Pikesville, Md.  
 Yocum, Alfred W., Sparrows Point, Md.

*Calvert County.*

Briscoe, Philip, Mutual, Md.  
 Chambers, George F., Lusby, Md.  
 Coster, Earle S., Solomons, Md.  
 Hinman, Ellsworth H., Lower Marlboro, Md.  
 King, Isaac N., Barstow, Md.  
 Leitch, John W., Huntingtown, Md.  
 Marsh, William H., Solomons, Md.  
 Peterson, George, St. Leonards, Md.  
 Talbot, William H., Willows, Md.  
 Talbott, D. R., Dunkirk, Md.  
 Wilson, Compton, Friendship, Md.

*Caroline County.*

Downes, John Raymond, Preston, Md.  
 Fisher, Percy R., Denton, Md.  
 Galloway, George F., Federalsburg, Md.  
 George, D. O., Denton, Md.  
 Goldsborough, William W., Greensboro,  
 Md.  
 Jefferson, R. K., Federalsburg, Md.  
 Madara, Jacob C., Ridgely, Md.  
 Malone, Frederick R., Greensboro, Md.  
 Nichols, Frederick N., Denton, Md.  
 Phillips, James R., Preston, Md.  
 Rowe, H. W. B., Hillsboro, Md.  
 Silver, H. Fletcher, Goldsborough, Md.  
 Stone, S. S., Ridgely, Md.

*Carroll County.*

Bare, S. Luther, Westminster, Md.  
 Benner, Chandos M., Taneytown, Md.  
 Billingslea, James H., Westminster, Md.  
 Birnie, Clotworthy, Taneytown, Md.  
 Bott, M. L., Westminster, Md.  
 Bromwell, John E., Ridgeville, Md.  
 Brown, George H., New Windsor, Md.  
 Brown, William Durbin, Union Bridge,  
 Md.  
 Bush, E. N., Hampstead, Md.  
 Chaney, I. D., Mt. Airy, Md.  
 Clark, Joseph Clement, Sykesville, Md.  
 Coonan, Thomas J., Westminster, Md.  
 Cronk, Abraham T., Westminster, Md.  
 Cronk, Edwin D., Winfield, Md.  
 Denner, W. R. S., Manchester, Md.  
 Diller, Charles H., Detour, Md.  
 Diller, Roland R., Detour, Md.  
 Fitzhugh, Henry M., Westminster, Md.  
 Foutz, Charles R., Westminster, Md.  
 Geatty, J. Sterling, New Windsor, Md.  
 Hamilton, Claude D., Sykesville, Md.  
 Heffenger, Clarence W., Sykesville, Md.  
 Kemp, Luther, Uniontown, Md.  
 Legg, T. H., Union Bridge, Md.  
 Lucas, W. Frank, Sykesville, Md.  
 Norris, Milton D., Sykesville, Md., R.  
 F. D. No. 2.  
 Purdum, H. D., Sykesville, Md.  
 Seiss, F. H., Taneytown, Md.  
 mith, M. D.,

Snaveley, E. H., Essex Co. Hosp. for  
 Insane, Cedar Grove, N. J.  
 Sprecher, Daniel B., Sykesville, Md.  
 Stewart, John J., Union Mills, Md.  
 Waters, Somerset R., Watersville, Md.  
 Watt, James, Union Bridge, Md.  
 Weaver, John F. B., Manchester, Md.  
 Wells, Robert F., Gambler, R. F. D., Md.  
 Wetzel, G. Lewis, Union Mills, Md.  
 Whitehill, Ira E., New Windsor, Md.  
 Woodward, Lewis K., Westminster, Md.  
 Ziegler, John S., Melrose, Md.

*Cecil County.*

Benson, C. I., Port Deposit, Md.  
 Black, Robert M., Cecilton, Md.  
 Bratton, Howard, Elkton, Md.  
 Cantwell, H. A., North East, Md.  
 Carrico, Camillus P., Cherry Hill, Md.  
 Cawley, William D., Elkton, Md.  
 Conrey, Thomas J., Chesapeake City  
 Md.  
 Dare, George S., Rising Sun, Md.  
 Dodson, R. C., Rising Sun, Md.  
 Fisher, Sam'l Groome, Jr., Port Deposit,  
 Md.  
 France, Joseph Irwin, Port Deposit, Md.  
 Gifford, David L., North East, R. F. D.,  
 Md.  
 Gillespie, G. W., Rowlandville, Md.  
 Jack, W. G., Liberty Grove, R. F. D. No.  
 1, Md.  
 Jamar, John Henry, Elkton, Md.  
 Laws, Clifton C., Chesapeake City, Md.  
 McKnight, Vernon H., North East, Md.  
 Magraw, James F., Perryville, Md.  
 Miller, Charles F., R. F. D. 2, North  
 East, Md.  
 Mitchell, Henry Arthur, Elkton, Md.  
 Richards, G. Hampton, Port Deposit,  
 Md.  
 Roman, Samuel T., R. F. D., Conowingo,  
 Md.  
 Rowland, Ernest, Liberty Grove, Md.  
 Stump, Geo. M., Perryville, Md.  
 Taylor, Leslie George, Perryville, Md.

*Charles County.*

Carrico, Louis C., Bryantown, Md.

*Dorchester County.*

Carey, C. J., Cambridge, Md.  
 Carroll, Victor C., Cambridge, Md.  
 Frazier, L. G., Hurlock, Md.  
 Goldsborough, Brice W., Cambridge, Md.  
 Goldsborough, M. W., Cambridge, Md.  
 Hanby, C. M., Cambridge, Md.  
 Houston, William H., Fishing Creek, Md.  
 Hunt, E. V., Vienna, Md.  
 Jones, E. A. P., Cambridge, Md.  
 Lampin, Edward E., Vienna, Md.  
 Mace, John, Cambridge, Md.  
 Meade, J. W., Jr., Fishing Creek, Md.  
 Myers, George Roger, Hurlock, Md.  
 Nichols, Harry F., East New Market, Md.  
 Noland, Stacy T., Cambridge, Md.  
 Shriver, Joseph K., Jr., Taylors Island, Md.  
 Steele, Guy, Cambridge, Md.  
 Wolff, Eldridge E., Cambridge, Md.

*Frederick County.*

Bates, Carlton, Jefferson, Md.  
 Beckley, Edwin Luther, Middletown, Md.  
 Birely, Morris A., Thurmont, Md.  
 Bowlus, E. L., Middletown, Md.  
 Bowman, R. G., Emmittsburg, Md.  
 Brawner, John B., Emmittsburg, Md.  
 Brown, W. Hayes, Jefferson, Md.  
 Browning, Ralph, Myersville, Md.  
 Burek, Lewis A., Frederick, Md.  
 Conley, Charles H., Frederick, Md.  
 Fahrney, Henry P., Frederick, Md.  
 Goodell, Charles F., Frederick, Md.  
 Goodman, James Monroe, Frederick, Md.  
 Gowman, C. P., Mt. Airy, Md.  
 Hauver, R. V., Middleton, Md.  
 Hedges, Frank Hill, Frederick, Md.  
 Hedges, Henry Slicer, Brunswick, Md.  
 Hendrix, John Oliver, Frederick, Md.  
 Hopkins, H. H., New Market, Md.  
 Horine, Arlington G., Brunswick, Md.  
 Hume, R. Caldwell, Adamstown, Md.  
 Johnson, T. B., Frederick, Md.  
 Jamison, Booker J., Emmittsburg, Md.  
 Johnson, Wm. Crawford, Frederick, Md.  
 Kefauver, E. C., Thurmont, Md.  
 Liggett, John J., Ladiesburg, Md.

Long, James A., Frederick, Md.  
 Long, John W., Walkersville, Md.  
 McCurdy, Ira J., Frederick, Md.  
 Miller, E. R., Frederick, Md.  
 Neighbors, Eutaw D., Lewistown, Md.  
 Nice, J. A., Mt. Airy, Md.  
 Pearre, M. S., Unionville, Md.  
 Perry, Benjamin C., Urbana, Md.  
 Price, Walter, Walkersville, Md.  
 Ran, R. M., Frederick, Md.  
 Remsburg, J. J., Walkersville, Md.  
 Riggs, George Henry, Ijamsville, Md.  
 Routson, Thomas Clyde, Buckeystown, Md.  
 Smith, Alvey J., Wolfsville, R.F.D. Md.  
 Smith, J. G. F., Brunswick, Md.  
 Smith, W. M., Frederick, Md.  
 Stone, Daniel Edwin, Mt. Pleasant, Md.  
 Stone, Daniel Edwin, Jr., Emmittsburg, Md.  
 Stone, Otis B., Libertytown, Md.  
 Thomas, Bernard O., Frederick, Md.  
 Thomas, Joseph G., Adamstown, Md.  
 Trapnell, Richard W., Point of Rocks, Md.  
 Tyson, Robert S., Frederick, Md.  
 West, Levin, Brunswick, Md.

*Harford County.*

Archer, William S., Bel Air, Md.  
 Bagley, Charles, Bagley, Md.  
 Bay, James H., Havre de Grace, Md.  
 Bradley, Hugh L., Jarrettsville, Md.  
 Callahan, T. A., Belcamp, Md.  
 Gallion, Wm. E., Jr., Darlington, Md.  
 Hughes, Fred. L., Gibson, Md.  
 Richardson, Charles, Bel Air, Md.  
 Roth, Charles E., Edgewood, Md.  
 Sappington, Purnell F., Bel Air, Md.  
 Smith, R. H., Havre de Grace, Md.  
 Steiner, F. W., Havre de Grace, Md.  
 Van Bibber, Armfield F., Bel Air, Md.  
 Webster, A. G., Churchill, Md.  
 Yellott, R. E., Fallston, Md.

*Howard County.*

Byrne, Bernard James, Ellicott City, Md.  
 Cissel, William W. L., Highland, Md.  
 Eareckson, William Rose, Elkridge, Md.

Gambrill, Wm. B., Ellicott City, Md.  
 Gassaway, Wm. N., Ellicott City, Md.  
 Lacy, John William, Lisbon, Md.  
 Linthicum, Thos. Waters, Savage, Md.  
 Miller, Frank O., Ellicott City, Md.  
 Nichols, Samuel A., Dayton, Md.  
 Stone, William Carter, Ellicott City, Md.  
 Travers, C. E., Relay, Md.  
 Tumbleson, Charles, Guilford, Md.  
 White, W. Rushmer, Ellicott City, Md.

*Kent County.*

Bates, J. Herbert, Millington, Md.  
 Brice, Merritt, Millington, Md.  
 Hines, Frank B., Chestertown, Md.  
 Maxwell, W. S., Still Pond, Md.  
 Simpers, Henry G., Chestertown, Md.  
 Smith, Frank W., Chestertown, Md.  
 Whaland, Charles W., Chestertown, Md.

*Montgomery County.*

Anderson, Edward, Rockville, Md.  
 Batsan, John R., Spencerville, Md.  
 Bird, J. W., Sandy Spring, Md.  
 Boyer, George M., Damascus, Md.  
 Brown, William T., Silver Spring, Md.  
 Bullard, Ernest L., Rockville, Md.  
 Butler, W. K., Chevy Chase, Md.  
 Chappell, J. W., Grant Road, N. W.,  
 Tenley, D. C.  
 Chichester, P. M., Bethesda, Md.  
 Conrad, T. K., Chevy Chase, Md.  
 Deets, James E., Clarksburg, Md.  
 Devereux, Ryan, Chevy Chase, Md.  
 DeVilbiss, C. N., Laytonsville, Md.  
 Dyson, Vernon H., Laytonsville, Md.  
 Elgin, W. F., Bethesda, Md.  
 Etchison, C. N., Gaithersburg, Md.  
 Gough, Thos. Reeder, Barnesville, Md.  
 Haddox, Horace B., Gaithersburg, Md.  
 Henderson, Frederick N., Rockville, Md.  
 Hendry, E. S., Bethesda, Md.  
 Howlett, H. H., Silver Spring, Md.  
 Jones, Eugene, Kensington, Md.  
 Kress, Daniel H., Takoma Park, D. C.  
 Kress, Laurretta E., Takoma Park, D. C.  
 Lewis, Geo. E., Rockville, Md.  
 Lewis, John Latane, Bethesda, Md.  
 Lewis, William L., Kensington, Md.

Linthicum, Otis M., Rockville, Md.  
 Mann, A. H., Jr., Poolesville, Md.  
 Manner, Claiborne H., Rockville, Md.  
 Miller, H. W., Takoma Park, Md.  
 Morgan, James Dudley, Chevy Chase,  
 Md.  
 Moulden, William R., Bethesda, Md.  
 Muncaster, Stuart B., Rockville, Md.  
 Nourse, Charle H., Darnestown, Md.  
 Nourse, Upton D., Dawsonville, Md.  
 Parsons, Alfred V., Takoma Park, D. C.  
 Simpers, Isaac Newton, Germantown,  
 Md.  
 White, E. W., Poolesville, Md.  
 White, James M., Barnesville, Md.  
 Wright, Geo. H., Forest Glen, Md.

*Prince George County.*

Bennett, Robert A., Riverdale, Md.  
 Brady, Z. M., Seat Pleasant, Md.  
 Coe, John Alexander, Brandywine, Md.  
 Coggins, Jesse C., Laurel, Md.  
 Etienne, Arthur O., Berwyn, Md.  
 Gibbons, Williams H., Croom, Md.  
 Griffith, Lewis Allen, Upper Marlboro,  
 Md.  
 Griffith, W. Allen, Berwyn, Md.  
 Jones, G. Wilson, Laurel, Md.  
 Keenan, John F., Brentwood, Md.  
 Latimer, T. E., Hyattsville, Md.  
 McDonnell, Henry B., College Park,  
 Md.  
 McMillan, Samuel M., Riverdale, Md.  
 Montgomery, H. B., Lanham, Md.  
 Ohlendorf, J. C., Mt. Ranier, Md.  
 Sasscer, Reverdy, Upper Marlboro, Md.  
 Willis, H. F., Hyattsville, Md.

*Queen Anne's County.*

Bowen, W. W., Price, Md.  
 Dudley, Norman S., Church Hill, Md.  
 Fisher, W. H., Centerville, Md.  
 Ford, R. H., Queenstown, Md.  
 Kemp, Chas. P., Stevensville, Md.  
 Landers, A. E., Crumpton, Md.  
 McPherson, H. F., Centerville, Md.  
 Metcalfe, C. Hoyden, Sudlersville, Md.  
 Stack, James W., Wye Mills, Md.



*St. Mary's County.*

odgdon, Alexander L., Pearson P. O.,  
Md.

*Somerset County.*

Alexander, H. G., Deal's Island, Md.  
Allen, Ira A. B., Marion, Md.  
Atkinson, Gordon T., Crisfield, Md.  
Barnes, Harry A., Princess Anne, Md.  
Collins, Clarence E., Crisfield, Md.  
Coulbourn, George C., Marion Station,  
Md.  
Coulbourne, Wm. H., Crisfield, Md.  
Dickinson, G. E., Upper Fairmount, Md.  
Fisher, C. T., Princess Anne, Md.  
Hall, William Fletcher, Crisfield, Md.  
Lankford, Catharine F., Princess Anne,  
Md.  
Lankford, Henry M., Princess Anne,  
Md.  
Norris, R. Ranson, Crisfield, Md.  
Ruby, J. T., Oriole, Md.  
Simonson, Gordon T., Crisfield, Md.  
Smith, Teackle J., Princess Anne, Md.  
Wainwright, Chas. W., Princess Anne,  
Md.  
Ward, C. C., Crisfield, Md.

*Talbot County.*

Davidson, Charles F., Easton, Md.  
Hammond, W. T., Easton, Md.  
Hope, James C., St. Michael's, Md.  
Merritt, J. B., 3d, Easton, Md.  
Palmer, W. N., Easton, Md.  
Ross, Joseph A., Trappe, Md.  
Seth, Lewis H., Wittman, Md.  
Seymour, William S., Trappe, Md.  
Stelle, Clifford M., Cordova, Md.  
Stevens, A. McC., Easton, Md.  
Stevens, James A., Easton, Md.  
Travers, Philip Lee, Easton, Md.  
Trippe, Edward R., Easton, Md.  
Trippe, Samuel E., Royal Oak, Md.  
Wilson, S. Kennedy, Tilghman, Md.

*Washington County.*

Baker, Charles D., Rohrersville, Md.  
Beck, J. Chas., Highfield, Md.  
Bender, W. R., Hagerstown, Md.

Bishop, E. Tracy, Smithsburg, Md.

Boose, Theodore B., Williamsport, Md.

Branin, Charles N., Hagerstown, Md.

Campbell, William D., Hagerstown, Md.

Cullen, Victor Francis, State Sanatorium,  
Md.

Davis, S. Seibert, Boonsboro, Md.

Gardner, S. Howell, Sharpsburg, Md.

Gilmer, H. D., Hagerstown, Md.

Herman, Henry S., Hagerstown, Md.

Hoff, David, E., Hagerstown, Md.

Hoffmeier, F. N., Hagerstown, Md.

Humrichouse, James W., Hagerstown,  
Md.

Kefauver, Maurice D., Smithsburg, Md.

Kneisley, H. L., Hagerstown, Md.

Kohler, G. A.,

Laughlin, John Royer, Hagerstown, Md

Laughlin, Mary A., Hagerstown, Md.

Layman, J. W., Williamsport, Md.

McCauley, Charles S., Hagerstown, Md.

Maisch, Augustus C., Hagerstown, Md.

Miller, D. C. R., Mason & Dixon, Pa.

Miller, Victor Davis, Sr., Mason & Dixon,  
Pa.

Miller, Victor Davis, Jr., Hagerstown,  
Md.

Miller, William Preston, Hagerstown,  
Md.

Morrison, William B., Hagerstown, Md.

Nihiser, Winton M., Hagerstown, Md.

Perry, Jonathan P., Clear Spring, Md.

Pittsnogle, Jephtha E., Hagerstown, Md.

Ragan, O. H. William, Hagerstown, Md.

Reichard, V. Milton, Fairplay, Md.

Richardson, William S., Williamsport,  
Md.

Scheller, Christian R., Hagerstown, Md.

Schindel, E. M., Hagerstown, Md.

Scott, John McPherson, Hagerstown,  
Md.

Simmerman, H. H., Keedysville, Md.

Stauffer, A. P., Hagerstown, Md.

Tabler, Homer E., Hancock, Md.

Tobias, I. H., Hancock, Md.

Wade, John H., Boonsboro, Md.

Wagaman, Samuel M., Hagerstown, Md.

Wareham, Edward A., Hagerstown, Md.

Watkins, Daniel A., Hagerstown, Md.

Wertz, Irwin M., Hagerstown, Md.

Wheeler, W. C., Boonsboro, Md.  
Wingerd, C. Z., Funkstown, Md.  
Wroth, Peregrine, Jr., Hagerstown, Md.

*Wicomico County.*

Brayshaw, James, Delmar, Del.  
Brotemarkle, Clinton, Salisbury, Md.  
Dick, James McFadden, Salisbury, Md.  
Elderdice, John Martin, Salisbury, Md.  
Freeny, L. C., Pittsville, Md.  
Mackintosh, J. A., Quantico, Md.  
McLaughlin, J. T., Fruitland, Md.  
Mann, H. R., Mardella, Md.  
Potter, De Alton B., Salisbury, Md.  
Todd, George W., Salisbury, Md.  
Tull, Harry C., Salisbury, Md.  
Wailes, Henry S., Salisbury, Md.

*Worcester County.*

Aydelotte, John S., Snow Hill, Md.  
Bishop, James R., Showells, Md.  
Collins, Rollin P., Bishopville, Md.  
Dickerson, John D., Stockton, Md.  
Hall, R. Lee, Pocomoke City, Md.  
Holland, C. A., Whaleysville, Md.  
Holland, Ebe, Berlin, Md.  
Lingo, Marvel S., Newark, Md.  
Parker, A. A., Pocomoke City, Md.  
Richards, W. L., Snow Hill, Md.  
Riley, John L., Snow Hill, Md.  
Sartorius, N. E., Pocomoke City, Md.  
Tyndall, I. C., Berlin, Md.

*Non-Resident Members.*

Barrow, Bernard, Barrow's Store, Va.  
Cushing, H., 305 Walnut St., Brookline, Mass.  
Lassman, George E., Tampa, Florida.

Nicholson, S. T., Jr., Clifton Springs, N. Y.  
Opie, Eugene L., Scott and Euclid Aves., St. Louis, Mo.  
Simmons, H. M., Mountain Lakes, N. J.  
Smith, J. Holmes, Jr., U. S. Pub. Health Service, 163 Dryades St., New Orleans, La.  
Vogel, Chas. W., Marine Hospital, Baltimore, Md.  
Walke, Frank H., 209 1st National Bank Bldg., Shreveport, La.  
Wattenscheidt, Charles, Orlando, Fla.  
Williams, Dudley, Altoona, Pa.

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## BOOK REVIEWS

*Roadside Glimpses of the Great War.* By ARTHUR SWEETSER. MacMillan and Co. 1916. Illustrated. \$1.25.

This work is another contribution to the fast accumulating literature on the present European war and is one describing the scenes of the early months of the conflict, centering in the attempt of the German army to reach Paris. One can not help feeling the importance given the narrative by the author having been a follower of the French and the German armies. It is written in very good style and is illustrated with pictures of his pass-ports and the printed orders which were posted throughout the areas visited.

*Selected Addresses.* By JAMES TYSON, M.D. Published by P. Blakiston's Son and Co., Philadelphia. 1914. Price \$1.75.

The addresses collected in this volume of 366 pages are most varied in theme but of one topic, medicine, and cover a period of over thirty years. They are fittingly dedicated to the physicians who have been under Dr. Tyson's instruction, to whom in the last address he pays a splendid tribute. If anything was needed to prove to the outsider why these same students revered their teacher a perusal of this volume would do it most conclusively.

*American Association for Study and Prevention of Infant Mortality.* Transactions, Sixth Annual Meeting, November 10-12, 1915.

All the papers of an unusually interesting programme are given in full, as well as the reports of the sections and business meetings. The type used in the make up of the book is to be commended by.

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# THE BULLETIN

OF THE

## MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

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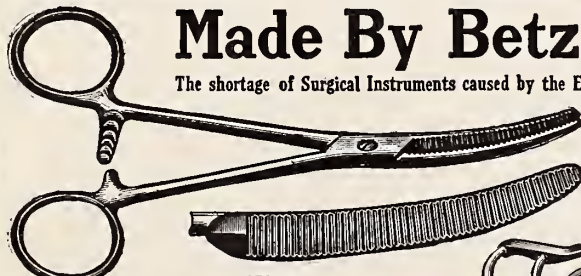
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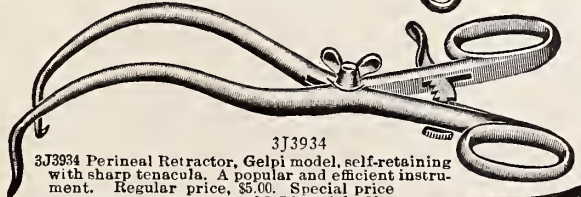
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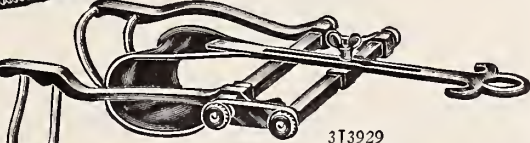
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No. 12

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### WARNING

We are advised that a very clever swindle is being worked by a young man calling on physicians in various section of the country. He is fraudulently soliciting orders and collecting money for subscriptions to medical journals and for medical books published by various firms. He usually represents himself as a student, working his way through college and trying to get a number of votes to help him win a certain contest. He sometimes uses the names of L. D. Grant, H. E. Peters, R. A. Douglas and F. C. Schneider and he usually gives a receipt bearing the heading of some society or association, such as United Students Aid Society; the Alumni Educational League; the American Association for Education, etc.

The description given of this swindler is—young man of the Jewish type, rather slender, with very dark hair combed straight back and shows his teeth plainly when talking.

The whole scheme is a fraud. The societies mentioned do not exist. The idea is to collect money by offering special discounts and prices on medical books and journals and skip with the money.

This young man does not represent W. B. Saunders Company, whose name he frequently uses. He is a fraudulent subscription agent and physicians, generally, should be on the lookout for him.



## MEDICAL PARTNERSHIPS—SO-CALLED GROUP PLAN.

Previous to the last few years, there had been a few attempts among Maryland physicians to form partnerships for mutual benefit. A few of these proved permanent and successful, others were of short duration and their dissolution sudden and acrimonious. Recently, however, in line with a similar tendency all over the country, quite a number of combinations have been formed in Maryland between groups of two or more physicians—men whose characters and equipment guarantee their harmonious continuation.

Lawyers have for generations made such business arrangements. Their plan of conducting offices jointly without friction indicates that it is founded upon sound business principles. Lawyers have been able to coöperate in such a manner that they can divide the work of the partnership law office in such a manner that experts in the different phases of law practice can give attention to the matters to which they are best adapted. The overhead expense of the office is divided and, through coöperative use of libraries, stenographers, office helpers, telephone and other expensive requisites, the cost to each member of the firm is lessened. The gross overhead expense is also relatively reduced as the volume of business of the firm increases.

Why have partnerships of the same kind not been more common among physicians?

It has been stated in explanation that it is because doctors are proverbially poor business men. This is undoubtedly true except for a few notable exceptions and such men would have been equally brilliant successes in the commercial world as organizers, advertising experts or financiers. It is not true, however, that physicians as a class are incompetent in business except as managers of their own private affairs and in this they are no different from lawyers.

What better business manager exists than the man who generalizes the sick room! He controls the adverse conditions which he finds, studies the individual lives and eccentricities of the members of the household and attends with consummate skill to the thousand and one details which he must master and administer in any case he successfully handles. He not only conducts a business in his office but every household where he ministers to the sick becomes an additional place of business complete in itself and essentially different from all the rest.

Where is any more perfect working example of business ability than that displayed by the modern surgeon in the organization and conduct of a surgical operation?

The amount of real business ability burned up by any reasonably busy

physician or surgeon in behalf of his patients would, if employed by a banker or man in a commercial business, produce wealth for the man and protection for his family's future.

Who is there, in any community, who can give better advice to others than the physician, whether it be upon matters of health or matters of business?

Their poor business judgment is confined to their personal affairs. This is true in an almost equal degree with members of the legal profession. They, like doctors, can handle the affairs of their clients and friends with consummate skill, tell them how to invest their money and protect their interests in every conceivable way. This is their business, and in this they are business men. When, however, lawyers' personal estates ultimately have to be settled, their affairs are usually found to be hopelessly entangled and their families but poorly protected. They likewise have been too busy ministering to others and burning up their business ability in the conduct of their professional work to take care of their own personal affairs.

Some condition is, therefore, responsible for the past independence of physicians one to another in the conduct of the business affairs of their practices and the organization of their offices.

Jealousy, no doubt, played a part, but more than anything else was the difficulty of apportioning the work and dividing the compensation.

The public formerly selected physicians largely through personal reasons, giving but slight consideration to their professional standing or equipment. The man with the "smooth line of talk," with the pleasing personality, with the handsome face, with the social or church connections, with the brusque manners, with the advertising ability, with the age and experience—all had their following as suited the tastes of the various patients. Their capacity for building and holding their practices was constantly changing.

An older doctor overworked, perhaps, and feeling forced to secure an assistant or take in a partner ultimately found his star setting and his colleague's in the ascendancy. Old ties between himself and his long loyal patients often were suddenly severed and sometimes the junior partner set up an independent shop with his senior's former patients, and as a dangerous competitor.

Other and equally good objections existed against such joint arrangements.

We are now living in another age and under entirely different conditions.

The family doctor is no longer selected in the above manner. He is no longer the czar among his own patients.

Through process of evolution, he is all but eliminated except from the country community. This is the day of specialists in medicine. The family doctor is not even allowed the privilege of naming the specialist for his patients—they now attend to that for themselves.

The average family able to pay for medical service boasts often of a different doctor for each adult member and still another one or two for the several children, and has in view some surgeon, eye, throat or other specialist upon whom they will call for additional service and when they think such service desirable.

Those men in the larger cities who have confined their work to general medicine have been the unfortunate and sorely abused victims of this evolution.

Some have uttered a wail over the small fees of the doctor and the affluence of the surgeon and specialist. Some have attempted to do special work themselves and, being poorly prepared, have added their quota to the field of poor surgery. Some have disappeared altogether. A few have become fee splitters and many, while attempting to live up to their original ideals are scarcely making a living.

The wise ones who have seen the handwriting have begun to work out their own salvation—the “group system.”

Calling himself “internist” and not “family doctor,” he is forcing the pendulum back and making a place for himself from which no one can ever displace him. He is himself becoming a specialist and the most important of them all.

He will become one of a well balanced and complete group of trained experts, rendering real service in coöperation with them, and receiving compensation commensurate with his labor. He will solve the fee-splitting problem and many other equally pernicious practices.

He will apply business principles to medical practice, render better service and with less wear and tear than before. The “family doctor” will “come back.”

He will no longer have to sit passively by while his patient is going the rounds of five or ten specialists and dentists in separate offices, with separate fees. He will no longer be forced to wonder what these men have left behind. These specialists or others just as good will henceforth be part of his “group” organization in his own office.

From time to time, in subsequent editorials, the systems under which some of the “group plan” medical offices in different parts of the country are conducted will be discussed.

DISPENSARY ABUSE AND CERTAIN PROBLEMS OF  
MEDICAL PRACTICE.<sup>1</sup>

BY J. WHITRIDGE WILLIAMS.

It is with great pleasure that I preside over the one hundred and eighteenth Annual Meeting of the Medical and Chirurgical Faculty of Maryland, and I take this opportunity to thank my friends for the honor which they have conferred upon me. The Faculty means more to me than to many, for I was brought up in its atmosphere, and among my earliest recollections are some of the conferences, held in my father's house, incident to its reconstitution after the close of the Civil War. Consequently, I esteem it a peculiar privilege to occupy the chair which my father once held, and I can assure you that in doing so, I recall affectionately many of our departed members, whom some of us can visualize vividly, but who represent mere names to the majority of those present. While many of them knew less medicine than we, they strove for ideals, which if anything were higher than ours, and it is with a sense of reverent affection that I acknowledge my obligations to many of them.

I propose to address you briefly upon "Dispensary abuse and certain aspects of medical practice"—a topic which I have selected for two reasons: first, because several members of the Faculty have asked me to use my influence to check the so-called abuse, and secondly, because my interest in medical education has caused me to consider seriously how the medical care of the poor can be best effected in the interests of the community and of the medical profession. Furthermore, an apprenticeship of several years as Director of the Johns Hopkins Dispensary, and years of service as a member of the Board of Charities of Baltimore City have given me an insight into many of the problems concerned. I shall speak frankly upon the subject, for between my grandfather, father and myself, I have behind me the traditions of 96 years of continuous practice of medicine in this city, which should enable me to face the problem more sympathetically than a mere layman, or even than a physician, who bases his conclusions solely upon his own experience.

During this century, Baltimore has grown from a village to a great metropolis, and the practice of medicine has undergone equally great changes. As a boy I remember that the only specialists in the city were a few men who devoted themselves to the treatment of diseases of the eye, and that everyone else, even the surgeons, practised general medicine, including obstetrics. At that time there were few hospitals, and they so crude that no one thought of using them, except the stranger within our gates, the friendless man, and the abject pauper. Hospital fever still

<sup>1</sup> Presidential Address before the Medical and Chirurgical Faculty of Maryland, April 25, 1916.



raged, so that few major operations which the surgeon thought indicated, were performed in the patients' homes. The few dispensaries were rudimentary and dirty, and, as their name implied, were places for the dispensing of drugs rather than for the investigation and cure of disease. I think that I am safe in stating that 50 years ago, no dispensary was equipped for a through physical examination of its patients. Trained nurses were unknown, but "Sairy Gamps" were familiar figures, and a serious illness was usually followed by the collapse of several female relations of the patient, who had volunteered their willing, but inefficient, nursing services. Organized charity had not been dreamed of, and the beginnings of social service were still a generation distant.

The town was small, and the physician had a patriarchal sense of obligation to his neighbors, and the feeling that he was really a public servant. I know that my father and grandfather held that it was their duty to respond to any call, and to refuse to visit a poor patient, from whom a fee could not be expected, represented the sin which could hardly be forgiven. Up to the time of his death, my father never refused his services to such patients, and, in my boyhood, I well remember hearing it said of a man, who later attained great eminence in the profession, that he had a "fine line of darky practice."

With the growth of the city, the expansion of medicine, the development of specialities, and particularly with the extended organization of hospitals and dispensaries, together with the development of trained nursing and the various social agencies, all this has changed, and the old-fashioned, kindly and self-sacrificing family physician has disappeared never to return. Now, except for distinctly personal reasons, no city physician has any hesitancy in refusing to attend undesirable, or unremunerative patients, and feels that he will give his charity the next day in the shape of a few hours of hospital or dispensary service rendered under the least onerous conditions. Doubtless the patients are better off and receive more efficient treatment than ever before, but I sometimes wonder whether our moral status is as fine as that of the old worthies, who were members of the Faculty before many of us were born, and whether it is well for those of us, who have attained prominence in the profession, to see poor patients only in the wards of the hospital.

These changes in the conditions surrounding the practice of medicine constitute one of the causes for the so-called dispensary abuse. What is the abuse? As I understand it, general practitioners living in the less prosperous sections of the city complain that a certain proportion of persons in moderate circumstances take advantage of institutional facilities, which were primarily intended for the very poor, and thus escape the payment of fees which they might otherwise earn. Again, young men, who are perfecting themselves in some specialty, claim that large

numbers of persons are operated upon without charge in hospitals or dispensaries when they could afford to pay a moderate fee.

Undoubtedly both of these conditions obtain to some extent, but in my experience they are less general than is commonly believed, and, when they occur, are due less to the desire to escape the payment of fees than to the hope of obtaining better treatment. This opinion is based upon the following considerations: In the first place, the prosperity of industrial workers is in general over-estimated, as the great majority of married workers scarcely earn enough to support a family with the greatest economy. Scott Nearing has estimated that one-half of all industrial workers in this community earn less than \$600, and three-quarters less than \$750 per year, while less than one-tenth earn as much as \$1000. In my experience married workers, who earn less than \$750 a year, can not afford to make any considerable expenditure for medical services: consequently, it becomes apparent from the figures just quoted that not more than one quarter of all industrial workers can be involved in dispensary abuse, and I believe that physicians practicing among that class of our population will testify that considerably more than that proportion make an honest attempt to pay for medical services. In the second place, I do not believe that there is much abuse among the small clerk class, as investigation will usually show when its members apply for dispensary aid that prolonged illness or financial reverses have so impaired their ability to pay that they are, temporarily at least worse off than those who all agree are entitled to assistance. In other instances they have exhausted their available resources in paying physicians for inferior services, and as a last resort, go to the dispensary in search of better treatment. On the other hand, I am prepared to admit that a considerable number of patients who could afford to pay a small fee to some young specialist resort to hospitals and dispensaries for free operations.

Consequently, while it may be admitted that glaring instances of abuse are occasionally encountered, it is my experience that the greater part of the so-called abuse is due less to a desire to escape the payment of fees than to the realization that the sick frequently receive inadequate services from their physicians. This is partly the result of poor work by imperfectly educated practitioners, and is partly attributable to the increasing complexity of medical practice, in which the knowledge of one man, no matter how extensive, no longer suffices to establish a diagnosis or to lead to the rational treatment of many conditions. Who can blame a well paid worker, or a clerk in modest circumstances, for seeking dispensary aid after he has compared notes with less favored friends who have utilized the services of a well organized dispensary? The former knows

that he has long been treated by his physician without relief, and that all he had received for his money was to have his pulse felt, his tongue inspected and to receive a prescription; while the latter will relate that in his case a thorough physical examination had been made, the blood and urine examined, and possibly an X-ray picture taken or the stomach contents analyzed. The first man must inevitably feel that he has been neglected, while the second realizes that all of the resources of science have been utilized in the investigation of his malady. Whether his symptoms have been relieved is another matter, but until human psychology has radically changed the result of the comparison is inevitable.

Or, to choose an example from my own work, let us take the wife of a workman whose wages are \$15 a week. She is to be confined and expects to pay a fee commensurate with her circumstances. She engages her doctor, who neglects her during pregnancy, but attends her at the time of labor, makes a few post-partum calls and sends his bill at the proper time. Later, she compares notes with a friend whose husband's wages are \$10 a week and who was attended by a well conducted out-patient obstetrical service. She is told that at the first visit to the dispensary a thorough physical and pelvic examination was made, and that a few days later a tactful nurse called at her friend's home, and inquired into her conditions of life, advised her concerning the hygiene of pregnancy, and instructed her to return to the dispensary at the end of each month for inspection, advice, and a urinary examination. Furthermore, she hears that three days after failing to follow these instructions, her friend received a post-card reminding her of the omission, but having postponed the visit the nurse again called, and so impressed the patient with the importance of prenatal care, that each month thereafter she gladly went to the dispensary to consult the doctor. Then our woman is told that four or five weeks before the expected date of confinement her friend received another visit from the nurse, who called to ascertain whether suitable preparations had been made for the birth of the baby. Later the labor was conducted by a bright young doctor, a student and a nurse, and that for the next ten days a daily visit was made by the student and the nurse. And finally, a few days after these visits had ceased, the social service nurse called again to inquire as to the treatment she had received, and to arrange for the supervision of the baby during the following year.

When our woman has heard this recital, and has compared the treatment which her friend received for nothing with that for which she paid her physician, can you blame her for feeling that she did not have a fair deal, and for wanting to become a dispensary patient should she become pregnant again? Or, are the best interests of the community served if she is prevented from so doing?



Naturally the physician concerned will reply that the value of his services was far in excess of the fee he had received, and that it is not fair for a philanthropic institution to offer services with which he cannot compete, and that it is immoral to educate patients to expect services far in excess of what their means can command. Were we concerned solely with the interests of the physician, only one reply is possible; but, on the other hand, when the subject is approached from the point of view of the community, a different answer must be given; for no one, not blinded by self interest, would contend that it is not highly advantageous for all classes of the community to obtain the best possible medical and nursing care.

Accordingly, for the sake of argument, if you please, we shall admit that as dispensaries continue to improve, a larger and larger contingent of the working classes will avail themselves of their benefits, and that the question of dispensary abuse will come to be limited to those who earn more than \$2.50 a day. Furthermore, the only means of limiting their more extended utilization will consist in hampering their development by lack of means and the absence of idealism in the conduct of their work.

It would lead too far afield to consider critically, at this time, the proper organization and scope of dispensaries, and I would refer those interested in this aspect of the subject to the report on "The function of the dispensary" which was made at the 1916 meeting of the Association of American Medical Colleges. I cannot, however, leave the subject without briefly directing your attention to several points which I believe are fundamental to the organization and conduct of a well regulated dispensary. In the first place, it should be an integral part of a well organized general hospital, or, where that is not feasible, it should be closely affiliated with such an institution, so that all the facilities of the latter may be promptly available for the treatment of seriously sick patients. The dispensary should be provided with adequate laboratory facilities, should have a suitable nursing staff, and above all a well organized social service department; as in my experience, the work done by the latter adds to the comfort and education of the patients quite as much as the strictly medical service. In the second place, poorly run and inadequately equipped dispensaries should not be tolerated, and should not receive public support. Complaints of dispensary abuse are rarely made concerning such institutions, as they are patronized only by the most ignorant stratum of the community, and do little good to their patients and lead to rapid deterioration and loss of clear thinking on the part of their medical staff. Furthermore, I feel very strongly that in order to insure a high type of medical work, even in good dispensaries, it will be necessary to pay suitable salaries to all physicians who are expected to give several hours each



day to the routine care of patients. Otherwise, the work must be done by constantly changing groups of young men, who tend to become slack in interest and attendance, as soon as they realize that they have mastered the details of their work.

In other words, I am pleading for the maintenance of dispensaries of the highest type, with the knowledge that the better they become the greater will be the cry of dispensary abuse, which to my mind will not disappear until the conditions of medical practice in our large cities will have undergone radical reorganization.

I can be much briefer concerning the second variety of dispensary abuse: namely, free operations upon persons who can afford to pay a small fee. In my experience patients of this class frequently consult the young specialist in his office and pay a fee for his advice, but when they learn that an operation is necessary they go to a dispensary or hospital. As far as I am able to ascertain, one of two motives leads to this action: a feeling that the operation will be better and more safely done at the hospital, or a desire to escape the payment of an operative fee. In neither event should the patient be treated free, but a mechanism should be devised for the investigation of his circumstances and the charging of an equitable fee by the institution. In many cases such a fee will only cover the outlay for anesthesia, supplies and a few days stay in the hospital, but in other instances a balance will be left for payment of professional services. Usually this balance will be so small that the operator could not accept it as an individual fee without a distinct loss of self-respect, so that the question arises as to its disposition. If the matter were properly handled, I feel that the aggregate of such fees would be considerable, and that such money, along with other available funds, could be utilized for the payment of moderate salaries to the members of the staff who do the work, with the understanding that the salary was in lieu of all fees from patients, except those occupying private rooms at full rates. While such an arrangement would not put the fees into the pocket of the young specialist, who is complaining of dispensary abuse, it would do away with an unjustifiable abuse of charity, and would compel the patient to pay what he could afford for operative treatment.

With the increasing complexity of medical knowledge, the development of specialists, the necessity for their coöperation in the diagnosis and treatment of many conditions, and the relatively high fees which they are compelled to charge, another serious question arises, and that is, how is the individual of moderate means, who is self-supporting and self-respecting, but who cannot afford to expend \$50 to \$100 in payment of specialists, to obtain the necessary diagnosis.

I believe that this will eventually be effected by the establishment of

pay dispensaries, somewhat similar to the one inaugurated at the Massachusetts General Hospital in Boston on January 1, 1916. In such institutions a group of thoroughly competent young men representing the various specialties will come together on certain evenings each week, and will be prepared to examine such patients as may apply. The patient should be accompanied by his physician, or at least bring a letter from him asking for a report, and should not be treated except upon his direct request. A fee of \$10 to \$25 should be charged for the complete examination, and the dispensary staff should be compensated either by fixed salaries or by a pro rata division of the fees after a proper deduction had been made for maintenance charges.

While the suggestions, which I have made may appear radical to some of you, I feel that they merely scratch the surface of the question, and even if adopted, would prove to be but temporary expedients, as I consider that our entire system of treating illness is wrong and cries out for radical revision.

That something is seriously wrong becomes apparent when a man like Cabot of Boston feels it necessary to contribute to a lay magazine an article entitled "Better doctoring for less money." I earnestly recommend you to read it, as I am sure, whether you agree with what is said or not, that you will admit that the author has put his finger upon a sore spot, and has raised questions which demand solution.

As medicine is now organized only three classes of our population receive the best institutional care: namely, the rich, the pauper, and those who are willing to abuse medical charity, but no adequate provision is made for the care of the great middle class, which forms the self-respecting backbone of our nation. The consequence is that additional terrors have been lent to illness, more particularly when operative treatment becomes necessary for its relief. Ask any man with an income of from \$1500 to \$4000, what it cost him to be relieved of his appendix, or to have his wife treated for a complicated nervous breakdown, and you will have the question clearly set before you. Only recently a prominent banker told me that I would be surprised, did I not already know, what an appalling condition exists, and what a large proportion of our self-respecting citizens are compelled to ask long term loans from banks in order to tide them over such emergencies. The result is that the old feeling of personal friendship for the doctor is fast disappearing, and each year an increasing number of persons come to regard him as one who is likely to take advantage of their necessities. I shall not dwell further upon this aspect of the question at this time, but I shall return to it before closing.

Upon reverting to the question as it affects the working classes, I feel that the present system of free dispensary and hospital treatment is

based upon fundamentally incorrect principles. As it now is, except for a nominal charge of ten cents for each prescription filled, the maintenance of such patients is borne by the interest upon endowment funds, contributions by charitable persons, and subventions from the city and state, so that for practical purposes the recipients of such aid are as much paupers as the inmates at Bay View, the only difference being that the former are temporary and the latter permanent paupers. Consider for example the case of a workman earning \$3 a day. Ordinarily he should be able to pay the necessary expenses of himself and his family, but let him have a prolonged illness, his pay stops, his small savings are soon exhausted, and he applies to the hospital for relief. He is admitted without question as a "city patient," if the institution has a contract with the Board of Charities, and the cost of his maintenance is then borne partly by the city and partly by the institution, which in turn may be the recipient of state aid. The individual may not realize it, but he has become a pauper patient, and is the recipient of charity, just as much as the beggar on the streets.

For the year 1916, the city of Baltimore and the state of Maryland are contributing \$1,200,000 for the relief of suffering inhabitants of Baltimore, including the insane and those suffering from tuberculosis, while private philanthropy and charity is giving still more. Much good is of course effected by the expenditure of this money, but still larger amounts are necessary if the work is to be well done; yet a large part of it goes to pauperize patients, who should in great part be able to help themselves, and this will continue to be the case until some mechanism is developed which will make it possible for the wage earner and the small salaried man to accumulate a reserve during the period of productive activity, which will serve, at least in part, to defray his expenses during illness. In other words, I do not believe that our problem will ever approach a definite solution until some form of sickness or health insurance is made compulsory upon all who earn less than \$1000 or \$1200 a year.

As is well known, such insurance is in vogue in all European states, and is conducted either by the State, or at least is under its supervision. In France, Germany, Scandinavia it is voluntary and is conducted by private local societies under the strictest governmental control. In Germany the system has been in operation for over twenty years, and, while nominally voluntary, is practically compulsory and covers all persons whose income falls below \$625 a year. The individual societies are designated as "Krankenkassen," which are held in bad repute among medical men in this country on account of the difficulties which they have had with the physicians. These disputes were in great part inevitable, as the societies were originally managed entirely by laymen from the less intelligent



classes, who attempted to ignore the medical profession and to pay as little as possible for its services. Laterly, however, a more liberal spirit has become manifest, so that representatives of the physicians practicing in the various communities now take part in the deliberations of the boards of control.

From what I have learned by personal inquiry in Germany, as well as from Gibbons' *Medical Benefit in Germany and Denmark*, the general effect of this system is excellent, in that the medical needs of the working classes are in great part paid for by their own contributions. Moreover, another aspect of the system impressed me greatly, and that is that as the "Krankenkassen" pay, either entirely or partly, the expenses of their members while undergoing hospital treatment, the German workingman regards the hospital very differently from the American, and instead of feeling that he is there on sufferance as a pauper, considers that he is a pay patient and is entitled to great consideration. I know that it will surprise many to learn that in autocratic Germany it is not unusual for patients to complain of their treatment, and that the influence of the Krankenkasse is such as to insure a respectful hearing, and furthermore that such patients cannot be utilized for purposes of instruction, unless they give their consent.

In Russia and England, on the other hand, sickness insurance is compulsory, and the National Health Insurance Act, which Lloyd George forced upon the latter country in 1911, is in many respects a model for such legislation, and should be read by all intelligent persons.

Under the act, which Lloyd George prefers to call health insurance, as its object is to promote the health quite as much as provide care for the sick, all persons, with certain exceptions, in receipt of a yearly income of \$800 or less, must insure. During the period of insurance weekly payments of 9 pence are demanded, of which the state contributes 2 pence, while the remaining 7 pence are paid by the workman and his employer in proportions varying according to the amount of wages. When these are very small the entire contribution is paid by the employer, but when large entirely by the workman.

The funds are handled in two ways: in great part by acceptable "Friendly Societies," which are under strict governmental supervision; while in the case of persons who are not members of such societies, the matter is entirely in the hands of the government. It would take more time than is at my disposal to go into the details of the scheme, and I shall merely state that it provides for the following benefits: 1 medical benefit, 2 sickness benefit, 3 disablement, and 4 maternity benefit.

Naturally, we are most interested in the medical benefit, and under it the insured are guaranteed medical treatment at the physician's office,



in their own homes, or in sanatoria or hospitals according to the exigencies of the case, together with such nursing as may be essential, and the necessary medical and surgical supplies. In each community all reputable physicians are entitled to go into the scheme, and such as agree to do so are placed upon a "panel," and are paid according to a fixed schedule for such services as they may render. The insured may select any physician upon the local panel and must retain him for a specified period of time, except for good and sufficient reasons; while the physicians may refuse to accept any patient he pleases, but once having accepted him must respond to his calls until the time agreed upon has expired.

This system has been in operation too short a time to justify an authoritative verdict as to its merits, but so far as I can ascertain it has proved acceptable to the physicians, as statistics show that over nine-tenths of the general practitioners are enrolled upon the "panels," and as a result of doing away with gratuitous services their average income has shown a very considerable increase. Full information concerning the workings of Health Insurance in Great Britain may be obtained from the fourth edition (1914) of Carr, Garnett and Taylor's monumental work upon *National Insurance*, while a short but accurate sketch is contained in the Report of the Judicial Council of the American Medical Association, published in the BULLETIN for May 15, 1915.

I feel that some such system must ultimately be adopted in this country, and that the question of dispensary and hospital abuse will not disappear until after it has been put into operation. Owing to our political organization, the necessary legislation must be inaugurated by the individual states, instead of being nation-wide, as in Great Britain.

Of course it may be urged that legislation of this kind is socialistic, and is contrary to the individualistic tendencies characterizing American life, and could never be carried out in this country. The first objection must be granted, but it is my conviction that it is only along such lines that far reaching plans for the improvement of mankind can be carried out. The second objection, however, does not hold, as a little reflection will convince you that many socialistic or semi-socialistic activities have already become engrafted upon our civilization without arousing the outcry that they are Un-American. Witness, for example, the beneficent effects of state care for the insane in Maryland, and the substitution of well equipped and humanely conducted state hospitals for the county almshouses. What intelligent person would advocate a return to the old conditions? Yet the former is socialistic, and the latter individualistic. Recall, moreover, the various ways in which the state and city have invaded our individual freedom for the good of the community. Think of what the state and city boards of health are doing! Would any one advocate the abolition of full-time health officers, or the attempt to

control infectious diseases, or to do away with the infectious diseases and tuberculosis nurses of the City Health Department? Medical socialism has also invaded our schools, but does any one complain that the activities of the school physicians and nurses are un-American? To my mind all of these tendencies are to be encouraged, as fostering the health and happiness of the community, and as a manifestation of the tardy recognition by the state and city of the obligations they owe to the people.

One of the most striking examples of the spread of social legislation consists in the enactment of Workman's Compensation Laws, which are based upon the conception that loss of life and injury to the body in industrial occupations are to be reckoned just as much a part of the cost of production, as the wear and tear and replacement of machinery or as the damages to wagons and mules. Up to December, 1915, 31 out of our 48 states, as well as Alaska and Hawaii, had passed such laws, which have done away with the barbarous doctrine of contributory negligence, and have provided some form of compulsory insurance in the case of injury or death, instead of the employe or his dependents being compelled to resort to the uncertain remedies of the law.

Do you know that the legislature of 1914 passed such a law for Maryland? According to which, all employers of persons engaged in hazardous industrial work—and the definition of hazard is very broad—are compelled to insure them against accident and death. These policies, which are written either by private corporations or by the state, make provision for medical and surgical treatment; in case of permanent or partial disability, provide for the payment of half wages for specified periods of time; and in case of death, provide for funeral expenses, and the payment of either a fixed sum or an annuity to the dependents. Of course such legislation is socialistic, but what right thinking person would advocate a return to the old method of compensation only after tedious and tortuous legal procedure?

Furthermore, the Legislature which has just adjourned has passed a Mother's Pension Law, according to which all dependent widows in the state with minor children are entitled to receive from \$12 to \$40 each month, according to the size of their families. This legislation has not yet come into force, so that its effect cannot be anticipated, but it affords an accurate indication of the attitude of our law-makers toward such questions.

One of the most interesting developments along these lines was the decision in 1909 of the Metropolitan Life Insurance Company to provide its industrial policy holders with free visiting nursing services during illness. Baltimore was one of the first cities in which the experiment was tried, and a contract was made with the Instructive Visiting Nursing Association to care for such policy holders at so much a visit. This ser-

vice has rapidly grown, and the company states that during the year 1914, 1,060,288 nursing visits were paid in this country and Canada at an expense of \$527,861. While it is not permissible to scrutinize too closely the motives which induced the company to embark in the enterprise, it has doubtless saved much money by shortening the duration of sickness, and at the same time it has indicated an excellent method of improving the condition of the community; as the nursing service, in addition to adding to the comfort of sick policy holders, must exert a wide-spread educative influence.

I think, therefore, that it can be fairly claimed that the instances just adduced give a fair indication of the trend of social legislation in this country; and that I am not alone in my advocacy of some form of health insurance is shown by the fact that Dr. Alex. Lambert, in the report of the Judicial Council of the American Medical Association last year, stated that the question was not merely of academic interest, but predicted that it might at any time become a burning professional problem.

This prediction has in part come true, for in November, 1915, the social insurance committee of the American Association for Labor Legislation prepared a tentative draft of a Health Insurance Bill to be submitted to the New York Legislature, and which was also intended to serve as a model for other states contemplating such legislation. The committee consisted of ten members, and included such men as Drs. Alex. Lambert and S. S. Goldwater, and Messrs. Ed. T. Devine and I. M. Rubinow, the latter being a statistical expert and the author of numerous works upon the history of social insurance. It would lead too far to attempt to discuss the provisions of this bill in detail, and I can only summarize its most important features. The draft provided that all persons earning less than \$1200 must be insured, and recommended that one-fifth of the yearly premium be borne by the state and the remainder equally divided between the employer and the employee. The committee estimated that the premium necessary to provide for the family would amount to 3 or 4 per cent of the income, and calculated that \$24 paid in behalf of a workman earning \$600 a year would suffice to provide the following benefits:

1. Medical, surgical and nursing benefit.
2. Medical and surgical supplies.
3. Hospital treatment.
4. Cash benefit (two-thirds of wages).
5. Cash benefit to dependents.
6. Maternity benefit.
7. Funeral benefits.

After carefully weighing the pros and cons, the Committee decided that in so large a state as New York it would probably be better to have the details administered by local "approved societies" under strict state



supervision, rather than by a distinct state organization; although it clearly realized that the latter would present many advantages, particularly in the direction of uniform administration.

If some such system were put into effect in Maryland, I imagine that it would operate somewhat as follows in Baltimore City. In the first place a "panel" of physicians would be formed, just as in England, and a schedule arranged for their compensation. The entire city would then be divided into a number of insurance districts—each comprising so many thousand insured persons. In each district there would be a thoroughly organized dispensary with a competent paid medical staff representing the various branches, adequate nursing facilities, and a social service organization. If possible it should be connected with a hospital, but if not, the necessary affiliations could be made. The dispensary should also house representatives of the various philanthropic and social agencies, and provide quarters for the local administrators of the Health Insurance fund, as well as for a sub-station of the Health Department. In other words, it would represent a community health center, and from it should radiate all the medical and socialized activities of the district.

The care of patients might be organized somewhat as follows: Each insured family would be allowed to choose as its medical attendant any physician on the panel living within a certain radius. In cases of minor illness the patient would visit the physician in his office or go to the dispensary, while more serious cases would go to the dispensary for diagnosis or treatment. If the patient were ill in bed, he would be cared for at home by his medical attendant and a visiting nurse, or sent to the hospital if the physician deemed it advisable.

Under such a system there would be no possibility for dispensary or hospital abuse, as the expenses would be borne by the insurance fund and indirectly by those insured, no matter whether the patients were treated at home or at the dispensary or hospital. Nor would the doctor suffer. As probably two-thirds of the residents of each district would be in the insured class, large numbers of physicians would be necessary for the conduct of the dispensary and hospital, and as they would be paid for such services, as well as for visiting the patients in their own homes, and would have no bad bills, they would probably consider it a matter of indifference where the patients were seen. It is my conviction that a plan conducted somewhat along these lines would result in greatly improved medical service for the insured class, and at the same time would tend to elevate the professional standard of the physicians, as they would be stimulated by constant contact with the accurate work of the dispensary and hospital, instead of feeling, as is now so often the case, that their interests are antagonistic.

This would mean that the great majority of physicians would become



state officials and would devote their entire time, or at least a considerable proportion of it, to their official duties, and that the present type of medical service would be available only for the rich and for those in moderately comfortable circumstances.

To many here present, I am sure that such a proposition appears as a utopian socialistic dream, but I am convinced if I live to a moderately old age that I shall see some such scheme in operation. When health Insurance comes to be seriously talked of in Maryland, I hope that it will be faced as a state-wide proposition, and that this Faculty will do its part toward drafting satisfactory legislation; and if the law provides that the plan shall be put into effect and administered by a commission, that we shall see that it stipulates that at least one-third of its membership shall be elected by this body, very much as the members of the State Board of Medical Examiners are chosen. If some such arrangement is not made, and the administration of the law is entrusted entirely to laymen, I can foresee years of just such trouble as Germany is now recovering from. There is one other point which I regard as fundamental, and that is that in this country no plan will be acceptable which does not guarantee to the insured a reasonably free hand in the choice of the attending physician.

Such dreams may seem far removed from the solution of the problems of dispensary and hospital abuse, but until they are fulfilled, I see no prospect of checking it, but, on the other hand, every probability that it will expand as the dispensaries and hospitals become more efficient and the practice of medicine more complicated.

One word more, and I have done. The remedies here suggested will care for the industrial worker, the school teacher and the small clerk; while the well-to-do can take care of themselves, but what about the person in moderate circumstances, who wants to pay for what he gets, but at present finds it difficult to do so? For his ordinary illnesses he can continue to employ the present type of practitioner, for his troubles do not commence until diagnostic difficulties occur, or a surgical operation or prolonged stay in a hospital becomes necessary.

I believe that the ultimate solution of this aspect of the problem will ultimately be found in the development of a new type of hospital, in a part of which, at least, the substitution of cubicles for the expensive private room will make a moderate change possible. In such institutions a mechanism should be developed by which the fees for professional services will be automatically regulated in accordance with the patient's financial standing. If this were combined with a coöperative diagnostic institute with moderate inclusive fees, sickness will lose the additional terror of financial pressure which of late years has been imposed upon it.

## SOCIETY NOTICES

## BALTIMORE CITY MEDICAL SOCIETY

The regular meeting of the Baltimore City Medical Society was held on Friday, May 19, 1916, at 8.30 p.m. Dr. J. M. H. Rowland presided until the arrival of the President, Dr. C. Hampson Jones, who was delayed. The minutes of the previous meeting were read and approved.

The report of the Board of Censors was made by the Chairman, Dr. Randolph Winslow, who announced that all the applicants were eligible for membership in the Society.

The Secretary read a communication from Dr. Alexius McGlannan announcing the establishment of a Visiting Nurse Service by the St. Agnes Registry.

A report of the Committee to investigate the "Baby Traffic," of which Dr. L. P. Hamburger was Chairman, was also read by the Secretary in the absence of Dr. Hamburger:

"The passage of the Walker Statute soon following the appointment of the Committee on Baby Traffic has rendered the work of the Committee unnecessary, for the present. In the opinion of the Committee its future function may be concerned with the observation of the results of the enforcement of the Statute to which reference has just been made."

The first paper on the scientific program was by Dr. Randolph Winslow on "Tumors of the carotid body." Discussion by Dr. C. A. Clapp and in closing Dr. Winslow. The second paper was by Drs. A. C. Harrison and R. W. Locher whose subject was "Experimental study of (1) McDonald's solution as an antiseptic in surgical technique; (2) Ether anaesthesia per rectum." This paper was read by Dr. Locher. Discussion by Drs. Novak, Harlan, Barrett, Jones and in closing Dr. Locher.

There being no further business the meeting was adjourned.

## WASHINGTON COUNTY MEDICAL SOCIETY

The Washington County Medical Society met in regular session at the Washington County Hospital Thursday, May 13, 1916, at 1.30 p.m. with the following members present: Drs. Baker, Bishop, Gilmer, Laughlin, Layman, V. D. Miller, Jr., Morrison, Ragan, Reichard, Scheller, Simmerman, Watkins, Wroth and Gordon.

The program was as follows:

1. Regular business.
2. Popular education in regard to medicine, DR. E. TRACY BISHOP.
3. Use of scopolamin in obstetric practice, DR. J. WALTER LAYMAN.
4. The treatment of uncomplicated pulmonary tuberculosis among wage-earners.

The work was begun under the auspices of the Post Graduate Hospital. Dr. W. Grant Hague, one of the attending physicians at the "Thompson Street Rooms," New York City.

The meeting adjourned.

## MEDICAL NEWS

Realizing the importance of the teeth and mouth infections to systemic disease, the Faculty of the College of Physicians and Surgeons have unanimously voted in favor of the establishment of a dental department, to be connected with the medical

school. A committee of prominent dentists of the city have presented plans to the Medical Faculty which have been approved.

This new school will be the first university dental school in New York City and the second in the state. It will give the first four year course of dentistry ever given in the Empire State.

Drs. J. K. Ormond, F. H. Haessler, D. R. Murchison and R. H. Hayden have been appointed to the staff of the Ford Hospital, Detroit.

Dr. G. E. Lancaster has resigned from the house staff at the Franklin Square Hospital.

Surg. Gen. Rupert Blue, U. S. P. H. S., inspected the hospital and grounds at Quarantine, May 16, preparatory to turning the station over to the federal government.

Several members from Baltimore are going to attend the annual meeting of the American Medical Association which is held in Detroit the week of June 12.

The union of three of Philadelphia's largest medical schools was recently effected and by this plan the University of Pennsylvania Medical School, Jefferson Medical School and Medico-Chirurgical College are to be known under the name of the Medical School of the University of Pennsylvania and the Jefferson Medical College of Philadelphia. These institutions represent properties aggregating in value more than \$15,000,000, exclusive of endowments and have an enrollment of upwards of 1,000 students.

At the recent commencement of the Johns Hopkins Training School for Nurses, a campaign was started among the alumnae to help raise an endowment fund of \$500,000. Nearly \$10,000 has been pledged at the beginning of the undertaking. Dr. W. H. Welch delivered the address to the graduating class.

The United States Supreme Court May 21, reversed the Tennessee Federal courts which refused to confiscate, on petition of the Government, 40 barrels of coca cola as violating the federal Pure Food law and sent the case back for presentation to a jury to determine whether caffeine contained in coca cola is injurious to health.

Dr. J. M. H. Rowland has been elected dean of the medical faculty of the University Hospital.

The announcement is made that beginning January 1, 1918, the University of Maryland will require two years of premedical work of college grade for admission.

A concentrated and united effort is being made by the Health Department to improve the sanitary conditions of Baltimore by freeing the city of flies, rats, mosquitoes and dirt of all kinds. Several public lectures are to be held in order that the people may be instructed in the necessity of the work and to enlist their personal aid in its accomplishment.

The fifth annual convention of the American Association for Promoting Hygiene and Public Baths was held in Baltimore, May 9. The speakers were Drs. Eleanor Keller, J. A. Nydegger, D. B. Armstrong, William Burdick and J. D. Blake.

## BOOK NOTICES

*The Prevention and Treatment of Infections.* OLIVER T. OSBORNE, Journal of American Medical Association.

This handy book is a collection and reproduction of a series of articles previously published in the *Journal of the American Medical Association* under the title "Prevention Greater Than Cure."

The subject matter is therefore probably already more or less familiar to those for whom the book is primarily intended.

Most of the common infectious diseases are considered from a practical workaday viewpoint, with especial reference to the prophylactic and curative or palliative treatment of them.

The book contains much that is excellent and in spite of several inaccuracies of statement and a number of typographical errors may be recommended for pleasant and profitable reading.



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the body to saponify the excessive amount of fat in the intestines;—a condition resembling acidosis may then appear. As a result of the deranged digestion, fermentation takes place in the intestines and the so-called catastrophe ensues."

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Boys' Home  
Margaret Bennett Home  
Johns Hopkins Hospital  
Presbyterian Eye and Ear Charity Hospital  
Church Home and Infirmary  
Marine Hospital  
Presbyterian Home for Women  
Baltimore Orphans' Asylum

*City Dairy*

## Mead's Dextri-Maltose

*Removal from the East to the Middle West*

Mead's Dextri-Maltose having exhausted the manufacturing capacity of its old home in Jersey City, N. J., has been removed to a new and vastly larger housing in Evansville, Ind., a location nearer the raw materials used in its production and nearer the center of transportation.

*A result of making an excellent food ingredient for bottle babies and distributing it through physicians only—90 per cent. of the real infant feeders in the United States are now using (wholly or partly) Mead's Dextri-Maltose*

to supplement the sugar deficiency of cows' milk. The future address of the makers of Mead's Dextri-Maltose will be

**Mead Johnson  
& Company  
Evansville, Ind.**



OLD FACTORY

Jersey City, 18,000 sq. ft. floor space.



NEW PLANT—Sixteen Times Larger than Old. 300,000 sq. ft. of floor space.



THE PHYSICIAN CAN RELY UPON

## **HORLICK'S** **The Original Malted Milk**

**as a protection against unsanitary milk**

Owing to the facilities possessed by the company to obtain clean milk throughout the year of uniform quality, as evidenced by the careful selection of herds and stringent regulations that are in force in all of their dairies.

**HORLICK'S MALTED MILK** is secure from contamination, is put up in sterilized containers, is constant in composition, and is easily kept in any home in the hottest weather without deteriorating.

*It makes possible the carrying-out of a progressive method of feeding that conserves the best interests of the weakest baby*

See that your patients get "HORLICK'S" the Original and thus avoid substitution

**HORLICK'S MALTED MILK COMPANY**  
**Racine, Wisconsin**

## **Burnside Farm Milk** **and** **Walker-Gordon Methods**

All milk used at the laboratory is produced at Burnside Farm where all details are carried out as directed by the American Association of Medical Milk Commissioners.

This milk with a bacterial content of less than 5000 per c.c. is either separated for recombining in all possible formulae for infant feeding or is delivered as bottled at the farm for home-modification or other use.

Shipments in refrigerator cases by parcel stamp, milk ticket or Express Companies render efficient out of town service.

Among the Special Products of the Laboratory are: Whey, Cereal Waters or Jellies, Distilled Water, Malt Soup, Eiweiss Milk, Buttermilk, Kephir, Kumyss, Bulgara (containing *Bacillus Bulgaricus*), Bulgara Tablets, Milk Ferment Cultures (liquid) for preparing both plain buttermilk and the Bulgarian type and special-raw or sterilized milk for ocean or other travel.

**515 N. Charles St.**

**Baltimore, Md.**

Mention the Bulletin—it identifies you

# Bulletin

## No. 5

*How can this Journal  
be of greater service  
to you?*

### *Dear Doctor:*

Our Service Bureau is proving to be a help to our readers. This Bureau is equipped with catalogues and price lists of manufacturers and has at its fingers ends general information so it can tell you where you can get guinea pigs or automobiles, special brands of food, the location of hospitals, and sanitariums for special treatment; or where particular makes of instruments can be obtained, etc., etc.

### **Here Are Some of the Inquiries the Bureau Has Answered**

Feb. 11, 1916, PHOENIX, ARIZ.: Tell me where I can get an Electrocardiograph.

Feb. 24, 1916, JOINER, ARK.: Who publishes Ramon Guiteras' book on "G. U."?

Jan. 14, 1916, ROCKPORT, MAINE: Advise me about an institution for cure of the drug habit.

Feb. 8, 1916, BOWIE, TEX.: I want a firm that publishes a book for plans for sanitarium.

Jan. 31, 1916, PUNXSUTAWNEY, PA.: Where can I secure an electric lighting apparatus, such as is used by ear, eye and nose specialists?

Jan. 26, 1916, HUNTINGTON, IND.: Advise me where I can get an electric instrument sterilizer, and its cost.

Jan. 26, 1916, MINERAL WELLS, TEXAS: Give me name and address of firm handling second hand Sinusoidal electric machine.

March 3, 1916, SAFETY HARBOR, FLA.: Please advise of reliable physician's supply house where I can obtain micro. stains, and other accessories.

March 27, 1916, WATRUS, N. M.: Where can I get history card with diagram of thorax—suitable for use in tuberculosis sanitarium?

March 13, 1916, ATWOOD, OKLA.: Kindly write me the names of some reliable dental schools.

March 10, 1916, SPENCER, N. Y.: Give me the name and address of some company that manufactures candy medication.

March 16, 1916, MINNEAPOLIS, MINN.: Is there a card index system for keeping history of cases and financial accounts?

March 18, 1916, SALT LAKE CITY, UTAH: Kindly advise the best sanitarium for the treatment of diabetes. One that is ethical and strictly scientific.

### **USE THIS COUPON**

Cooperative Medical Adv. Bureau,  
535 N. Dearborn St., Chicago, Ill.

Where can I purchase or secure data regarding

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Name .....  
Street .....  
P. O. .... State .....

DOCTOR:—The *Free* Bureau Service is one of the benefits of membership in our State Society.

If you do not find advertised in these pages the things you need, write the Bureau.

**GET THE INQUIRY HABIT**

# Which Mineral Oil is Best for Medical and Surgical Use ?

1. That oil which is free from paraffin and all toxic, irritating or otherwise undesirable elements, such as anthracene, phenanthrene, chrysene, phenols, oxidized acid and basic bodies, organic sulphur compounds and foreign inorganic matter; because an oil of such purity will pass through the gastro-intestinal tract without causing irritation or other untoward effects.

2. That oil which possesses the highest natural viscosity, with the highest specific gravity, because such an oil will pass through the intestine more slowly than a lighter and thinner oil and lubricate the walls of the gut more completely, and soften faeces more effectually, and is not likely to produce dribbling.

3. That oil which is really colorless, odorless and tasteless, because palatability favors persistence in treatment.

The oil which meets all these requirements is

## Liquid Petrolatum, Squibb Heavy (Californian)

It is a pure, colorless, odorless and tasteless Mineral Oil, specially refined under our control only by the *Standard Oil Company of California* which has no connection with any other standard oil company. This oil has the very high specific gravity of 0.886 to 0.892 at 15°C. (or 0.881 to 0.887 at 25°C.) and has also an exceptionally high natural viscosity. It is sold solely under the Squibb label and guaranty and may be had at all leading drug stores.

E. R. SQUIBB & SONS, NEW YORK









